CK9722200148

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 05/2012					Building (Owner/Op	erator	(2)		2012	007 4				
Agencies Notified	Type Notification		-	Street Ac		<u></u>				2012	DCT	2_A	HIO	:27	
					op circle	е				ASRI	ESTO	S 00	1617	001	
EPA DEP	Initial Amended	; # 01			te, Zip Co					8	LICI	ENS	ING		er.
X DOL	Amendment Emergency		- -	Name of		07960					one Nur			(19
DOH DCA	justification) Cancellation				Ricciar	di				relebi	ich ier vern				
				FACIL	ITY INFO	ORMATIO	N								
Name of Facility Where House	Abatement is Takin	g Place (3)						Тур	e of Facility (4						
Street Address								H	School (K-12 Subchapter		han K-1	2)			
20 Hilltop circle						1		×	Other (i.e. pretc.)	rivate & c	ommerci	al build	dings,	home	es,
City (5)									are Feet	# of FI		В	ldg. A	ge	
Morristown								80		02	Branco and a second		97		
County (6) Morris				County C	Code (7) ISE ONLY)	,	_		rent Use (Prion occupant		demolisi	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)	i_	ASCM	No.	— T	Name		atement Con						
AZ Solution Consu				54 10	15		Maki	tigar	LLC					2000	
Street Address							Street		ess str. ap.6					*:	
7007 60st.Sireet	The second secon							•	Zip Code						
City, State, Zip Code Ridgewood, NY 113	85								NJ 07026						
Project Manager for Mor			:	Tolophor			Toloph			1	icense N	Ú			
Aleksandar Zivano	v 		10	347 61					2120 SHA Monitor		11//				
Siari Dale (10) 10/10/2012		Schedule 10/15/2		inprettor L	ane (11)	ļ			ion Consult	ing LLC	;				
Occupancy Status Durin	ig Abatament (Chec	k Only On	a)				Streat								
Facility Closed/Vac									h. Street		AM STRANGE TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TOTAL				
Abatement Perform Other – Describe.	ned Outside of Norr Normal buisiness ha	nai Facility rs	Houn	3					Zip Code ind NY 113	85					
Scope of Work (Check #						i		- , * , * ,							
□ ≥3 af or ≥3 lf		⊠ R	enova	ition			5	G F	uli Containme	nt with N	agative F	ressu	ræ		
3160 af or ≥260 if			emoii	ion			i ×	(1) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	fini-Endosure Novebag Proc						
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Location Aspestos Containing		Use	loma d Sole	fy by	Achae	Desc tos Conta	riplion mma N		ar (ACM)	∧mo	unt	ļ	Ĭ	I	1
TO BE AB	ATED	12	ntena odial :			ildimai s curiaci	ysicin	s his	nadon,	(3)è	div	Remov	Re	rca	Erd
In Faci	(a) (b)	į	(12)	į		other mi				2. 0:	- <i>i</i>	EVOI	Recair	Encapsulate	Endosure
Í 		res	Νο	NW					1					 	
Basem	ent.	X	ماندانده. م		P	Pipe Fitir	g Ins	ulat	ion	700	i,ft.	×			
Basem	ent	х				Sma	II Doi	ler		200 s	ą.ft.	^			
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Name of Registered Wa	ste Hauler	L	4 00	JDEP W		Cubic Y			Name of F		Landiii				
Maktigar LLC				2 909		10	•		Grows L	andfill				20	
City, State					THE RESERVE OF THE PARTY OF THE PARTY.	Disposa On cor			City, State						
Garfield,NJ 07026		· Y Tink	50%				nature	. 0	Linguism		l Da				
Completed by Veselin Petrovski		Title Presid	dent				5	eV	A tob	Isra	650)/05/2	012		1
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Completed by Veselin Petrovski		Title Presi	dent		S	nature	1. (10)	cité	Date 09/		012		
City, State Garfield,NJ 07026						mpletit	City, Stat						
Maktigar LLC	. rauroi		H	auler ID 2 909				Registered L Landfill	Lanonii				
Name of Registered Waste	Hauler		l MI	JDEP W	aste Cubic	/anda	None	Dogi-t	on 45"				
Basemen	t	х				all Boile		200 sq		x			
Basemen	it	х			Pipe Fiti	ng Insi	ulation	700 l.	ft.	x			
TO BE ABAT In Facility (13)	ED	0.00000	todial S (12)		(i.e. thermal surfac		insulation, F, or	(Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure
Location o Asbestos-Containing M	T	Use	Locati Normal ed Sole	ly ly by	Des Asbestos Cont	scription	of	Amou			Abat	emen /pe	t
Scope of Work (Check All ≥ 23 sf or ≥ 3 if ≥ 160 sf or ≥ 260 if	That Apply)	-	Renova Demolii			×	Mini-Enclosu	re ocedure				·e	
Facility Closed/Vacate Abatement Performed Other – Describe: No	d Outside of Norm rmal buisiness hor	al Facilit	Abater y Houn	nent s		City, S	60th.Street tate, Zip Code ewwood,NY	11385					
Occupancy Status During	Abatement (Check	Only O	ne)		1	Street	Address	+					
Start Date (10) 10/06/2012	4	Schedu 11/06/			Date (11)		of OSHA Monito	Table to the second		-			
Project Manager for Monitor Aleksandar Zivanov	oring Firm			Telepho 347 6	one No. 12 1572		none No. 262 2120	1.0	cense N 1177	0.			
City, State, Zip Code Ridgewwood,NY 113	85						state, Zip Code ield,NJ 07026	3					
Street Address 7007 60th.Street	*)					100000000000000000000000000000000000000	Address Ray str.Apt.6						******
Name of Monitoring Firm I AZ Solution Consulti		Jwner (8	5)	541	M No. 05		of Abatement C tigar LLC	ontractor (9)					
County (6) Morris	liend by Duilding	2		(STATE	Code (7)		Current Use (F	nt		ned)			
City (5) Morristown	***********						Square Feet 8 000	# of Flo 2			Bldg. 97	Age	
Street Address 20 Hilltop circle				18.00 m 18.00 m			School (K Subchapt Other (i.e	er 8 (Other to private & co	han K-1: ommerci	2) ial bu	ilding	s, hon	nes,
Name of Facility Where A House	batement is Takin	g Place	(3)			ioit	Type of Facility						
□ DCA	Cancellation				er Riccardi	ION					30	essouri.	
X DOH	Amendment Emergency justification)	(includin	g		stown,NJ 0796 of Contact		· · · · · · · · · · · · · · · · · · ·	ESTOS I LICEN	SING none Nu	mbeg	30		
EPA DEP				City, S	tate, Zip Code	-	ASB	ESTOS	CONT	RO			
Agencies Notified	Type Notification				Address illtop circle		2017	OCT 12	AMI): 2	7		
Date of Notification (1) September 25/2012	<u>u</u>				of Building Owner/ er Ricciardi	Operato		00= 40					

No Chark

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

•								T T Day	is the	1 6/ 100	1.1			
Date of Notification (1) 10/08/12				Building (Region				2812.00	7 .		- 5.56			
Agencies Notified Type Notific	ation	1 1	Street Ad	dress . 17 Nor	th, Su	ite 800		2812 OC						
	lment #3			te, Zip Co ford, NJ)		ASSES & L	TOS	CONT	RO	L		
DOH justific		1 3		Contact Lopez					Tele	phone Nu	mber /			2111-1-23
			FACIL	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is Trinitas Regional Medical Cen Street Address								of Facility (4) School (K-12 Subchapter 8) (Othe				L	19 2025 - 20
225 Williamson Street						- 1		Other (i.e. pri etc.)	vate c	Commerci	ai bui	ungs	, nom	es,
City (5) Elizabeth			•					re Feet	# of 9	Floors	(60)	3ldg. 50+-	Age	
County (6) Union				ode (7) ISE ONLY)				nt Use (Prior ical Cente		ng demolis	ned)			
Name of Monitoring Firm Hired by Bui	lding Owner (8)		ASCM	No.				tement Contr Contractor		7.7.5				
Street Address			L				Addres		-,				Mile of the	
						27 E	dsall l	Drive						
City, State, Zip Code								ip Code J 07461						
Project Manager for Monitoring Firm		1	elephor	ne No.			none No 864-2			License N 01137	lo.			
Start Date (10) 09/15/12	Scheduled 10/15/12		pletion (Date (11)		Name Ame		IA Monitor						
Occupancy Status During Abatement	(Check Only One))		7	-1-11-1-1-1		Addres					- 6,703		
Facility Closed/Vacated During E Abatement Performed Outside of	intire Period of Ab	ateme	ent					Oth Street p Code						
Other – Describe:					_	Control of the second		NY 10016	6					
Scope of Work (Check All That Apply)						lon	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	management .	novati molitic				×	Min Glo	Containmer ni-Enclosure vebag Proce	dure					
							1 NOI	n-Exempted	() and	Non-Friat	T PIC	10000	temen	+
75 Table 900		ocatio	500										ype	
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Used Main Custo	Solely tenan dial Si (12)	y by ce/ taff?		tos Cont thermal surfa	scription taining M systems cing, VA niscellar	Material s insula T, or		(5	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
7th floor North side	Yes	No	N/A		loose	e floor	tiles		3	S.F.	x	+	-	
7th floor North side	- ^					carpet				0 S.F.	x	\vdash	+	
						or tile				0 S.F.	x	+	+	
7th floor North side	X				III.	JOI LIIE				0 0.1 .	^	-	+-	
Name of Registered Waste Hauler		N.	IDEP W	aste	Cubic	Yards		Name of R	egiste	red Landfil		1		-
Atlantic Carting		Ha	uler ID 085		of Wa			G.R.O.W						
City, State Wayne, NJ						sal Date mpleti		City, State Morrisvill	le, P	A				
Completed by	Title				8	Signature	,	1		√ [†] D:				
Marko Stankovic	Presid	ent			_//		10	Jan.	26	110 11	0/08/	12		



Date of Notification (1) 10/05/12					Building (erry Stu		perator (2)		Z	112 OCT	12	AM	S: 1	
Agencies Notified EPA	Type Notification Initial				ackson					AS	BESTO & LIC	SC	ONT	Rn	2
DEP DOL	Amended Amendment				te, Zip Co berg, N		3				-10	CM2	ING	-10/	8
DOH DCA	justification) Cancellation		- 1	Name of Dan Ba	Contact artaluce					1 159	enhone Nu			-	10
<u>u</u>	I =			FACIL	ITY INFO	RMATI	ON			-					
Name of Facility Where Vacant Building	Abatement is Takin	g Place (3)						POPI .	of Facility (4 School (K-1						
Street Address 6903 Jackson Stre	et	***	-		d = 8			×	Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) Guttenberg									e Feet	# 0	Floors	1000	ldg. A 0+-	ge	
County (6) Hudson		SEVARIO É SMILL III.		County C	ode (7)				nt Use (Prio		ng demolis	hed)			
Name of Monitoring Firm		Owner (8)		ASCM	No.				ement Con		2.000000				
Street Address	•			<u> </u>			Street /	Addres	s						
City, State, Zip Code							City, St	ate, Zi	p Code						
Project Manager for Mo	nitoring Firm		1	Telephor	ne No.		Telepho	one No			License I	No.			_
Start Date (10)		Scheduled	Con	npletion [Date (11)		973-8 Name o		022 IA Monitor		01137				
10/16/12		10/19/12	2				Amer	iSci							
Occupancy Status Durin	g Abatement (Ched	k Only One)	100000000000000000000000000000000000000			Street A								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of Ab nal Facility H	atem	ent			City, St	ate, Zi		16	·				
Scope of Work (Check A	All That Apply)											-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Total Control Control	nova molit				×	Min Glo	Containme i-Endosure vebag Prod i-Exempted	e cedure				9	
		lel	ocati	on									Abate		
Locatio	n of	No	rmal	ly		De	scription	of				-	Ту	pe	
Asbestos-Containing <u>TO BE AB</u> In Fact (13)	BATED	Used Main Custo	tenar	nce/		thermal surfa	taining M systems cing, VA niscellan	insula r, or		(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										е	
Boiler F	loom		X			Pipe	Insulat	tion		8	0 L.F.	x			
			,					V							
N	ata Uaula-		16	JDEP W	anta	Cubic	Yards		Name of	Paniet	ered Landfi				
Name of Registered War Pro-Tech, LLC	iste nauler		Н	lauler ID 90713		of Wa			Minerva						
City, State New Haven, CT						Dispos	sal Date	on	City, State Waynes		h, OH				
Completed by Marko Stankovic		Title Presid	ent		1.5	5	igne wire	10	Tuen	cu	1	ate 0/05/	12		
						70		-/	,						

Check# 8769

* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)	***************************************			Name of	Building Ov n Manag	vner/Op	erator (2)).			3	-	
10-8-12	T N-656		_	Street A					- 2		200	-	
Agencies Notified	Type Notification				US High	wav	22 Wes	st	ن ن ن مو	N T	8	T	1
Ø EPA	☐ Initial		-		te, Zip Code					\(\)	-	40	-
DEP 25 DOL	Amended Amendment	#			h Plain		TN 5	07060		0	2		
E DOL					Contact	TTET	u, NO	07000	Telephone	umber	~		- No.
₫ DOH	justification) □ Cancellation				y O'Bri	en				- (°)	1	1	1.1
DCA -	☐ Cancellation				LITY INFOR		N		1		٠٠٠		C
Name of Facility Where	Abatement is Taking	Place (3)		1 AOI	LITT IN OIL	unizino	T	ype of Facility (4)	"72	5		
Capital Plaza				or Fac	shion B	וומ		School (K-1	2)	2		•	
Street Address	briopping ce	iter-I	OLIN	er ra	SILLOIL D	ug		Subchapter	8 (Other than K	T2)			
1500 N. Olden	Avenue						5		orivate & comme	cial bui	ldings,	home	es,
							- 5	etc.) guare Feet	# of Floors	T	3ldg. A	ge	
City (5) Ewing							1000	,500	1		43yr	-	
			-т	County (20de (7)				or if being demol		1011	~	
County (6) Mercer				(STATE	JSE ONLY)		_ "	archi oco (i iii	or in coming domina	3 1 3			
	III allo Dallaine (O (0)		TASCM	1 No		Name of	Abatement Cor	ntractor (9)				
Name of Monitoring Firm	n Hirea by Building (Jwner (a)		ASCIV	1110.				ronmental	Co.	.Inc		
							Street Ac						
Street Address 411 Southgate	Court Suite	F	0002					Haws Aver	nie				
	Court, Surte	п						e, Zip Code			_		
City, State, Zip Code		(4)		14			-	istown, F	λ 10/01				
	08056			Y-lb-	Na		Telephor		License	No			-
Project Manager for Mor	nitoring Firm			Telepho		_		239-9920	003				
Jack Carney					224-008			OSHA Monitor				-	-
Start Date (10)					Date (11)				ronmental	CO	Tna		
10-11-12		10-		1.2.			Street Ac		Connental	CO.,	LIIC.		
Occupancy Status Durin								iaress Iaws: Aveni	10				
☑ Facility Closed/Vac	cated During Entire F	Period of A	baten	nent		-		e, Zip Code	<u></u>				-
☐ Abatement Perform ☐ Other – Describe:	ned Outside of Norm	nal Facility	Hours	S					10401				
							NOLLI	stown, PA	19401				
Scope of Work (Check A	All That Apply)												
≥3 sf or ≥3 lf			enova						ent with Negative	e Pressi	ure		
☐ ≥160 sf or ≥260 lf			emoli	tion				Mini-Enclosure Glovebag Pro					
		Linear to Market Investor					Ū.	Non-Exempte	d (*) and Non-Fri	able Pr	ocedur	e	
	11.50	Is	Locat	ion	11						Abate		1
Locatio	n of	N	Iorma	lly		Des	cription of	f		_		pe	Т
Asbestos-Containing			d Sole intena	ely by		s Conta	aining Mat	terial (ACM)	Amount			g	m
TO BE A	BATED	0.0000000		Staff?	(i.e. th		systems ii ing, VAT,	nsulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
In Fac (13)			(12)				iscellane		0. 0. 1.)	SVOI	pair	Sul	Sur
(1.5)	69	V	No	N/A	1			, I		=		ite	· O
		Yes	INO	IN/A							+-	-	_
space 17A				х	vinyl	asbe	estos	tile	150 SF	X			
				+	†								
				-		_					1		
					L			The s	Desistered	1611			
Name of Registered Wa			1 2	NJDEP V Hauler ID		Cubic \ of Was			Registered Land	17111			
Robinson Waste	1			1730		2		GROV	WS, Inc.				
City, State				. , , ,			al Date	City, Stat	te				
Bellmawr, NJ					14	10-12		Morri	iswille, PA				
Completed by		Title					gnature	. 17	/	Date			
Timothy E. Bry	an	0.000000	e_Pr	reside	ent .		1 .	1 11	$2i \cdot 1$	10-8-	-12		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				TI	Name o	of Building	Owner/Operator (2	2)	MEC	El	1	En)	
10 /	02 / _	12			Sout	th Jersey	Port Corporati	on						
Agencies Notified	Type Notificati	ion		-	Street /	Address			2012 OCT 1	2 4	M	G : !	1 de	
⊠ EPA	☐ Initial					Box 129	r);							
☑ DEP				-	City. St	ate, Zip C	ode		ASBESTOS	Scr	M	TD		
☐ DCA (NJAC 5:16) ☐ DHSS	Amendmer		lin m			den, NJ			& LICE	NSI	MI	IME	IL.	
□ DCA	☐ Emergency justification		ing	h	100 000 000	of Contact			Telephone Nur	nber	FAL	1	()	
(NJAC 5:23-8)	Cancellation	'n			Han	k D'Andr	ea						90	
	Ø POSTPI		· .		FAC	ILITY IN	FORMATION							
Name of Facility Where A	batement is Ta	king Pla	ace (3)	,			Type of Facility (4)					
Air Products Facilit	У						, ·	School (K-12)	2)				
Street Address		2.0-2.31				In - Collins		☐ Subchapter 8 ☐ Other (i.e., pr	ivate & commercial	cial bu	ildi	ngs,		
2710 Broadway								homes, etc.)						
City (5)						X-1-11-1-1		Square Feet	# of Floors			g. Ag	е	
Camden			257					53,930	1			0+		
County (6)					Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri		lished)			
Camden								Vacant Build						
Name of Monitoring Firm			er (8)	A	SCM N	No.	Name of Abateme							
Horizon Environme	ntal Group, I	nc.			0007	3	Diamond Hui	ntbach Constru	ection Corpor	ation			1000	
Street Address							Street Address							
P.O. Box 316							500 East Luz	1000-						
City, State, Zip Code			reciteur)		***********		City, State, Zip Co							v:
Thorofare, NJ 0808	6			50-52-1			Philadelphia,	PA 19124						
Project Manager for Moni	itoring Firm		-	elep	hone I	No.	Telephone No.		License No.					
Steve Lanigan		3		227,000	6-848-		215-739-8166		00646					
Start Date (10)		chedule					Name of OSHA M							
10 / _03_ /	_12_	10_	_ / _	15	- ′ -	12_	SAME AS AE	BOVE						
Occupancy Status During	Abatement (C	heck on	ly one	;)			Street Address							17.
☐ Facility Closed/Vacate														
Abatement Performed Time of Abatement:							City, State, Zip Co	ode						
Scope of Work (Check all	I that apply)	e di Lilian												
☐ >3 sf or >3 lf		П	Reno	vatio	nn.		☐ Full Con	tainment with Neg	gative Pressure					
≥3 \$1 \$1 ≥3 11 ≥160 \$f or ≥260 If			Demo				☐ Gloveba	g Procedure						
-			In L	4			Non-Exe	mpted (*) and No	n-Friable Proced		A I		- A T	
Location				ocati rmal			Description of	of		L.	ADa	_	ent Ty	/pe
Asbestos-Containing	19 7 1700an - Ing Brownson Bress		Used				stos Containing Ma	aterial (ACM)	Amount		R P	Repair	Enc	E
TO BE ABA	TED		Maint Custoo			(i.e., the	rmal systems insul- VAT. or	ation, surfacing,	(Specify SF or LF)		Remova	pair	aps	Enclosure
IN Facili	ty		(12)			other miscellane	eous)	01 01 11)	!	2		Encapsulate	īe
(1.5)		Y	es	No	N/A								Ö	
Whouse, Bck storage	e & Office Blo	dg 🗆				All Airc	ell Pipe Insulati	on & Fittings	70 Location	s [3			
Hallway				< □		9" X 9"	Floor tiles & ma	stic	475 SF		3			
Warehouse roof] [A		Black F	lashing		800 SF		X			
Office area-Under Ca	rpet] [A		9" X 9"	Floor tiles & ma	astic	2,400 SF					
Name of Registered Was	ste Hauler			1	JDEP V		Cubic Yards of	Name of Regis	stered Landfill		-			
Service Transport				1000	auler II A901	No.	Waste	Minervia L	andfill.					
City, State					M301		Disposal Date	City, State						
New Castle, DE							10/31/12	Waynesbu	ırg, OH					
Completed By (Print or T	vne)	Title			-		Signature	000	11	Date				
Charles F. Imbimbo	510 (4 N		ect N	lans	ager		Ilm	1/1/1	1/1	10	1=	11	2	
Ondres L. IIIIbiiiibi	1		334 10		-50.		()	7/2/10	7/	. 0	10	1,	_	

ASB-41 JUL 01

* Do not use this form for asbestos licensure exempted activities.

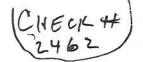
Date of Notification (1)				of Building Owner/Operator (2)	DIZOCT 12 AI	No de la constante de la const	IJ		
	12		A.P.	construction, Inc	CI	TZ UCT 12 N	M.c.			
Agencies Notified	on			Address S. Black Horse Pike	AS	& LICENSIN	41770	39		
□ DEP □ Amended		ŀ	City, St	tate, Zip Code		& LICENSIA	NIR	OL.		
□ DCA (NJAC 5:16) Amendmen □ DHSS □ Emergency			Blac	kwood, NJ 08102		71011	16	B	h	
DCA justification			Name	of Contact		Telephone Number		1		
(NJAC 5:23-8)	n		Mr.	Pete Bellantoni						
			FAC	ILITY INFORMATION						
Name of Facility Where Abatement is Ta	king Place	(3)			Type of Facility ((4)				
Residential House					School (K-12					
Street Address		-			Subchapter 8	(Other than K-12) rivate & commercial	buildi	inas.		
781 Lakeland Road					homes, etc.)					
City (5)					Square Feet	# of Floors	1000	lg. Ag	je	
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Scope of Work (Check all that apply)				☐ Full Cor	ntainment with Neg	gative Pressure				
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Charles F. Imbimbo	Project	Man	ager	1/1	XIIX	1 / Wall	0/0	51	112	_

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Agencies Notified Agencies Not	Date of Notification (1)			Т			ng Owner/Operato		COLIVE				
Agencies Notification Optimized Notification	10/09/2012							<u> </u>	ZOCT 12 AM	5: 50			
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Acceptable Ac	(/// = = =			ling					Tru Markey	V	10		
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Stan Evenhouse (718)752-2090 (973) 478-5755 00331	Project Manager for N	Monitorina Firm	Telephon	e Numbe	r		Telephone Num	ber	License Number	er			
Stan Evenhouse Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/09/2012 10/15/2012 Testor Tech. Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101 (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other – Describe: Source of Work (Check all that apply) (X) ≥ 3 sf or ≥ 3 if () ≥ 160 sf or ≥ 260 if () Demolition (X) Renovation () Demolition (X) Full Containment with Negative Pressure () Mini-Enclosure () Glove bag Procedure () Non-Exempted (') and Non-Friable Procedure () Non-Exempted (') and Non-Friable Procedure () Non-Exempted (') and Non-Friable Procedure () Containing Material (ACM) () TO BE ABATED in Facility (13) Yes No N/A Basement Area X Pipe Insulation Name of Reg. Waste Hauler U.S. Environmental Universal Services. 16706 Disposal Date Name of Reg. Landfill G.R.O.W.S., Waste Management City, State (Chick all that apply) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glove bag Procedure () Non-Exempted (') and Non-Friable Procedure () Non-Exempted (') and Non-Friable Procedure () Containing Material (ACM) (Exempted (Chick all that apply) () Staff? (12) () Description of Asbestos (Containing Material (ACM) () Exempted (') and Non-Friable Procedure () Non-Exempted (') and Non-Friable Procedure () Scientific (ACM) () Exempted (') and Non-Friable Procedure () Non-Exempted (') and Non-Friable Procedure ()	1 Tojoot Managor To Ti	ioimo mag							00001				
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City State. Zip Code						City State Zip C	ode		141-4-10-1			
Long Island City, NY 11						Garfield, NJ 070.	26					
Project Manager for Mo	nitoning Firm	Telephon	e Numbe	r		Telephone Numb	ber	License Numbo	:r			
Stan Evenhouse		(718)752-	2090			(973) 478-5755		00331				
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Project Manager for M	onitoring Firm		Tele	phone I	¥o	Telephone No.	26 01/27	004	44			
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Other - Describe:								, - y - 1				
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Street Address						Street Addres						
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Project Manager fo	r Monitoring F	Firm	Telep	hone N	umber	Telephone No. 609-847-295	umber	License	Number 0109)1		
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i	in Facility		Custo	dial Sta	iff?	insulation, surfact or other miscella			Remova	Repair	lusc	nos
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Date of Notification	(1)			Name	of Bu	ilding	Owner / Operate	or (2)	4	SBESTOS & LICE	Alt	6:	مد	
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Rod Richardson				0.000	oject anage		4	10			9/27	120	12	

2012 OCT 12 AM 6: 29 Name of Building Owner / Operator (2) Date of Notification (1) & LICENSING Resorts Hotel and Casino 10/5/2012 Agencies Notified Type Notification Street Address 1133 Boardwalk City, State & Zip Code DEP Initial Atlantic City, NJ 08401 DOL П Amended Telephone Number Name of Contact Emergency M DOH Cancellation **Bob Lavita** DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Resorts Casino Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 113 Boardwalk # of Floors Blda, Age Square Feet 80 60000 13 County (6) County Code (7) City (5) Current Use (Prior if being demolished) Ocean **Atlantic City** Casino Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ALPHA ENVIRONMENTAL Street Address Street Address 2129 Rt 33 City, State & Zip Code City, State & Zip Code Hamilton, NJ License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 01091 215-295-1004 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) **EMSL Analytical** 10/18/2012 10/17/2012 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 107 Haddon Avenue Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Westmont, NJ 08108 Describe: **Facility Occupied During Abatement** Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 lf Ø Glove Bag Procedures Demolition ≥160 sf ≥260 lf Non-Exempted and Non-Friable Procedure Abatement Type Description of Amount Is Location Location of (Specify Normally Used Asbestos-Containing Asbestos-Containing SF or LF) Solely by Material (ACM) Encapsulate Material (ACM) Enclsoure Removal (i.e., thermal systems Repair TO BE ABATED Maintenance or insulation, surfacing, VAT Custodial Staff? in Facility or other miscellaneous) (13)(12)Yes N/A No X Pipe Insulation 151f 1st Floor Ladies Room-Old Reds M X Lounge NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler of Waste Hauler ID No. **Grows Landfill** 0033330 ALPHA ENVIRONMENTAL City, State Disposal Date City. State various Morrisville, PA Hamilton Date Signature Title Completed By (Print or Type) 10/5/2012 Rod Richardson Rod Richardson PM

Date of Notification	(1)			Name	of Bu	ilding (Owner / Operator	(2)	1	12	TA.		
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Agencies Notified EPA	Type Notifica	ation		Street	Addre	ess	tockton Rd	4	ASBESTO & LICE	SCOP	170	~	
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Project Manager fo	r Monitoring F	irm	Tele	ohone	Numl	per	Hamilton, N Telephone Nu		License No	ımber			
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Rod Richardson				1000000	M		Signature Rod Richardson			10/5	/20	12	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMEN RECEMBED 2352 State of New Jersey APPROVED: TOM VOORHEES, NUT POI

10/2/12

Date of Notification (1) Name of Building Owner / Operator (2) 10/2/12 ACTAVIS Agencies Notified Type Notification ASBESTOS CONTROL & LICENSING Street Address **EPA** 200 ELMORA AVENUE DEP Initial City, State & Zip Code \boxtimes DOL Amended ELIZABETH, NJ 07207 \boxtimes DOH \boxtimes Emergency Name of Contact Telephone Number DCA Cancellation Mike Piccorello **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **ACTAVIS** School (K-12) Street Address Subchapter 8 (Other than K-12) 200 ELMORA AVENUE Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 30,000 70 +/-ELIZABETH, NJ UNION Current Use (Prior if being demolished) PHARMACEUTICAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EAGLE INDUSTRIAL HYGIENE BRISTOL ENVIRONMENTAL INC Street Address Street Address 359 DRESHER ROAD 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code HORSHAM, PA 19044 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number LARRY NAGELBERG 215-672-6088 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/2/12 10/3/12 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm M City, State & Zip Code Describe: 5pm-midnight BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat Enclsoure TO BE ABATED Maintenance or Remova (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)or other miscellaneous) (12)Yes No N/A 1st floor cooridor outside cafeteria Ø Pipe insulation 25 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 MINERVA LANDFILL City. State Disposal Date City, State **NEW CASTLE, DE 19720** WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature Date PATRICK T. DeCARO PROJ. MGR.

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Date of Notification (1) 10/8/12					f Building n Thomp		/Operator	(2)	2	1120	27 12		VE	D		
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Name of Facility Where Abateme house	ent is Taking	Place (3)					Туре	of Facility (4)						
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Project Manager for Monitoring F	irm		Т	Telepho	ne No.		Teleph	one N	0.		Licens	se No).			
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			_											NII-ONI		
Name of Registered Waste Haule	r		N	JDEP W	aste	Cubic	c Yards		Name of F	Registe	red Lan	dfill				
Freehold Cartage		auler ID	No.	of Wa	aste		GROWS									
City, State	15	5939		10 Disno	sal Date		City, State									
Freehold NJ				TBD			Morrisvi		Ą							
Completed by				15000000	Signature			•	Ť	Dat	е	Security 1				
Andrew Scott Higgins		Presid	lent				- 10 - 12	a-		_		10	8/12			

No check

Date of Notification (1) 10/8/12			Name of US Ma	Building Consters Re	owner/C esiden	Operator Itial Pro	(2)	(USA) Fu	nd	6: 25	,				
Agencies Notified Type Notification		1.5	Street A	uaress			17	rside Fina		l Cente	r			bes- e	
EPA Initial Amended Amendment			City, Sta	te, Zip Coo City, NJ	de		45B	ESTOS & LICEN	CUP	ITROL				- K	
Emergency (in justification) DCA Emergency (in justification) Cancellation	nciuaing			Contact Bailey				III	Tel	enhone N	lumbe	•			
	DI (0		FACI	LITY INFO	RMAT	ION	T	- f Γ - 11h · (4)				- 05	-		
Name of Facility Where Abatement is Taking house Street Address	Place (3)	-					of Facility (4) School (K-12 Subchapter 8) B (Oth			المان		home	
132 Prospect Street				61	to the		e e	other (i.e. pri tc.)	vate d	s comme	rcial b				:5,
City (5) Jersey City					20.000		Square 3900	e Feet	4	f Floors		80 80	dg. A	ge	
County (6) Hudson				Code (7) JSE ONLY)			Currer	nt Use (Prior	if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	l No.				ement Contronmental			LC				
Street Address		-				(F) (F) (F) (F) (F) (F)	Addres Gate D	s Orive, PO I	Box 4	483		77			
City, State, Zip Code		7				City, S	state, Zij								
Project Manager for Monitoring Firm		T	Telephor	ne No.		Teleph	none No 583-85),		License	No.			V259 p	
Start Date (10) 10/9/12	Schedule		pletion (Date (11)	11.63		2000	A Monitor				-			
Occupancy Status During Abatement (Check					-	Street	Addres	s							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A	batem					state, Zip				***************************************				
Scope of Work (Check All That Apply)											180	257			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti					Min	Containmer i-Enclosure vebag Proce i-Exempted	dure						
	T			l		Lu	11011	I-Exempled	() all	d Non-i i	Table 1			ment	
Location of	l N	Location lormall	у		De	scription	of				_	- 1	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel intenan odial S (12) No	ice/		os Con thermal surfa	taining N I system cing, VA miscellar	Material s insula T, or		(5	mount Specify or LF)	Nemova		Repair	Encapsulate	Enclosure
basement	165	140	×		nine	insula	tion		20	00 LF	x	+		-	
1st floor kitchen, pantry, hall							9		V	30 SF	x	+			
		X								1					
Name of Degistered Wests Usular		- NI	JDEP W	/aste	Cubic	Yards		Name of R	enista	red I and	ifill				
Name of Registered Waste Hauler Freehold Cartage		Ha	auler ID 5939		of Wa			GROWS	- Bore						
City, State Freehold NJ					Dispo TBD	sal Date		City, State Morrisvill	le, P	A		35 - 1.1			
Completed by Andrew Scott Higgins	Title Presi	dent			8	Signature	a	$\overline{}$		1.0	Date 10/8/	12			

house

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WECC.
- 6-11

											/V	CA		
Date of Notification (1) 10/8/12				f Building hen Cor				Corp 2	1120	CT 12	A	~ L)		
Agencies Notified Type Notification		- 1	Street A 319 M	^{ddress} aple Str	eet			AS	BES	ICENSIA	APT (S: 3.	5	
EPA Initial DEP Amended DOL Amendment	#			ite, Zip Co Amboy,		861			& L	ICENSI	MI	ROL		
Emergency justification) DCA Cancellation		- 1		Contact Fernar	ndez		*******	navedi a	Tel	ephone Nur	nber	0	9	
	**		FACI	LITY INFO	ORMATI	ON							Section	
Name of Facility Where Abatement is Takin house	g Place (3	5)						of Facility (School (K-1	2)					
Street Address 167 Throop Avenue							×			er than K-12 & commerci		dings	home	es,
City (5) New Brunswick							Squar 300	re Feet	# of	f Floors		Bldg. A	\ge	
County (6) Middlesex				Code (7) USE ONLY) ·		Curre	nt Use (Prid	or if bei	ng demolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)	30.0	ASCN	l No.				tement Cor onmenta		(9) ices, LLC				
Street Address							Addres	ss te Drive,	РО В	ox 483				
City, State, Zip Code								ip Code , NJ 074	18					
Project Manager for Monitoring Firm		T	Telepho	ne No.			one No 583-8			License N 703	0.			
Start Date (10) ON HOLD	Schedule	ed Com	pletion l	Date (11)		Name	of OSH	HA Monitor		1			***************************************	+:
Occupancy Status During Abatement (Chec	k Only On	ne)			_	Street	Addres	SS	588.17		_			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr						City, S	tate, Z	ip Code						
Other – Describe:					_									
Scope of Work (Check All That Apply)	panel					150	3							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Min	i-Enclosure vebag Prod	e cedure	Negative P				
	Τ.						a NOI	I-Exempled	1 () and	d Non-Friab	T		ement	
Location of		Locati Normal			Das	scription	of						ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intenar todial S (12)	nce/		tos Cont thermal surfac	aining M	faterial s insula T, or		(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
basement			x	floo	r tile (e	xclude	s ma	stic)	50	00 SF	x			
	+		-					/			Pois.			
			-								-	_		-
	-										-			
Name of Registered Waste Hauler		IN	JDEP W	laste	Cubic	Yards		Name of I	Registe	red Landfill				
Freehold Cartage		Н	auler ID 5939		of Was			GROW						
City, State Freehold NJ					Dispos TBD	al Date		City, State Morrisvi		A				
Completed by Andrew Scott Higgins	Title Presi	dent			S	ignature	0		_	Da 10	te /8/12	2		

Date of Notice 10/05/12

Date of N	Notice 10/05/1	12				'CAH	<u> </u>
Type Notification		Name of Anheus	Building Over Busch,	vner / Operator (2 Inc.	ASBE	STOS CON	0. 53
Agencies Notified		Street A	ddress		Œ	LICENSIN	ROL
	ncy Notification	200 Ro	ute 1 Sout	h		- TOTAL	A.
X DEP Initial No		City, Sta	te & Zip Coc	ie .			4)
A	d Notification		Contact	}			Telephone Number
X DOH Cancella DCA	tion	Jesse (Telephone Number
DCA				DMATION			_
			LITY INFO	RMATION			
Name of Facility Where Abatement i	s Taking Place	(3)		Type of Facility			
Building #204,	1" Floor Hall	way		School (K-1		K 10)	
000 D1	4 0 - 4 6				8 (Other the		ings, homes, etc.
200 Rout	te 1 South			Square Feet	# of Flo		Bldg. Age
2it (5)	unhi (G)	County Co	do /7\	50000	# 01110	7	60
		County Co	ue (1)	Current Use (Pr	ior if being d		
Newark Es	sex			Brewery	ior ii bellig u	ici ilolisi icu)	
Name of Monitoring Firm Hired by B	uilding Owner	(8)	ASCM No.	Name of Abater	nent Contra	ctor (9)	
Name of Monitoring Firm Hiled by Bi	unding Owner	(-)	0045	Global Abate			
Street Address				Street Address			
64 Broad Street				443 Schoolho	use Road		
City, State & Zip Code				City, State & Zip	Code		
Matawan, NJ 07747	0.000.000.000.000.000.000.000.000.000.			Monroe Town			
Project Manager for Monitoring Firm		lephone N		Telephone Num	ber	License	Number
Tom Geiger		2-290-22		732-605-9062			00714
	neduled Comple	etion Date 1/06/12	(11)	Name of OSHA		ione IIC	
10/05/12	11000			Global Abate	Helit Selvi	ices, LLC	
Occupancy Status During Abatemer				Street Address			
Facility Closed/Vacated Duri				443 Schoolho			
Abatement Performed Outsi			rs -	City, State & Zip		0004	
X Describe: Area Isolated Other - Describe:	During Abat	tement		Monroe Town	isnip, NJ U	18831	
Scope of Work (Check all that apply))	-					
	Renovation			Full	Containmen	t with Negative	Pressure
Large Project				Mini-	Enclosure		
Quantity is ≥ 3 SF or ≥ 3 LF	ACM			Glov	ebag Proced	dure	
X Quantity is ≥ 160 SF or ≥ 26		Lecture and the control of the contr		Othe	r: Clean-	up & Repair	
Location of		Is Location		Description o			Abatement Type
							(Vincolty Domovol
Asbestos-Containing		ormally Us	ed	Asbestos-Contai		(Specify	(Specify: Removal,
Asbestos-Containing Material (ACM)	N	Solely by		Material (ACM	1)	Square Feet	Repair, Encapsulation
Asbestos-Containing Material (ACM) TO BE ABATED	M	Solely by aintenance	or	Material (ACN (i.e., thermal syst	l) ems	Square Feet or	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility	M	Solely by aintenance ustodial Sta	or aff? in:	Material (ACM	l) ems g, VAT	Square Feet	Repair, Encapsulation
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	M Ci	Solely by aintenance ustodial Sta (12)	or aff? in:	Material (ACM (i.e., thermal syst sulation, surfacing or other miscellan	ems g, VAT eous)	Square Feet or Linear Feet)	Repair, Encapsulation or Enclosure)
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility	M Ci	Solely by aintenance ustodial Sta	or aff? in:	Material (ACM (i.e., thermal syst sulation, surfacing	ems g, VAT eous)	Square Feet or	Repair, Encapsulation
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) 1st FI. Hall/Pump Cont	M Ci trol Area	Solely by aintenance ustodial Sta (12) N/A	or aff? in: c	Material (ACM (i.e., thermal syst sulation, surfacing or other miscellan	ems g, VAT eous)	Square Feet or Linear Feet) 900 SF	Repair, Encapsulation or Enclosure) Clean-up/Repair
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) 1st FI. Hall/Pump Cont	M Ci trol Area	Solely by aintenance ustodial Sta (12) N/A	e or aff? in:	Material (ACM (i.e., thermal syst sulation, surfacing or other miscellan TSI Debris # Cu. Yds. o	f) eems g, VAT eous)	Square Feet or Linear Feet) 900 SF Name of Regi	Repair, Encapsulation or Enclosure)
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) 1st FI. Hall/Pump Cont Name of Registered Waste Hauler Freehold Cartage	M Ci trol Area	Solely by aintenance ustodial Sta (12) N/A	or aff? in: c	Material (ACM (i.e., thermal syst sulation, surfacing or other miscellan TSI Debris # Cu. Yds. o	f) eems g, VAT eous) f Waste	Square Feet or Linear Feet) 900 SF Name of Regi TRRF	Repair, Encapsulation or Enclosure) Clean-up/Repair
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) 1st FI. Hall/Pump Cont Name of Registered Waste Hauler Freehold Cartage City, State	M Ci trol Area	Solely by aintenance ustodial Sta (12) N/A	e or aff? in:	Material (ACM (i.e., thermal syst sulation, surfacing or other miscellan TSI Debris # Cu. Yds. o	f Waste	Square Feet or Linear Feet) 900 SF Name of Regi TRRF City, State	Repair, Encapsulation or Enclosure) Clean-up/Repair istered Landfill
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) 1st FI. Hall/Pump Cont Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ	trol Area	Solely by aintenance ustodial Sta (12) N/A	e or aff? in:	Material (ACM (i.e., thermal syst sulation, surfacing or other miscellan TSI Debris # Cu. Yds. o	f) eems g, VAT eous) f Waste	Square Feet or Linear Feet) 900 SF Name of Regi TRRF	Repair, Encapsulation or Enclosure) Clean-up/Repair istered Landfill
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) 1st FI. Hall/Pump Cont Name of Registered Waste Hauler Freehold Cartage City, State	M Ci trol Area	Solely by aintenance ustodial Sta (12) N/A	e or aff? in:	Material (ACM (i.e., thermal syst sulation, surfacing or other miscellan TSI Debris # Cu. Yds. o	f Waste	Square Feet or Linear Feet) 900 SF Name of Regi TRRF City, State	Repair, Encapsulation or Enclosure) Clean-up/Repair istered Landfill



RECEIVED 2012 OCT 12 AM 6: 21

Date of Notification (1)				Name	of Build	ing Owner/Operato	or (2)	SAFO	1 6:	24			
10/8/2012					City o	of East C	Orange	Ą	SBESTOS CO		CZ			
Agency Notified	Туре	Notification			Stree	t Address	S		& LICENIO	NTRI	ור			
⊠ EPA	⊠ Ini	itial				ty Hall I			- OF W211	YG "	۲۲.			
□ DEP	7773	nended			City,	State, Zij	o Code				(I)			
⊠ DOL		mendment # nergency (includ	lina				NJ 07019							
⊠ DOH	jus	stification)	9		Name	of Cont	act		Telephone Num	ber				
□ DCA	☐ Ca	ancellation			Cecil	H. Sand	lers Jr.		5					
					FAC	ILITY IN	FORMAT10N							
Name of Facility When	re Abatem	ent is Taking Pla	ace (3)				Type of Facili	ty (4)					
Old EOPD Building								☐ School (K-	12)					
Street Address							V Harrist House to the	☐ Subchapter	8 (Other than K-1 2					
44 City Hall Plaza								Other (i.e. homes, etc.)	private & commercia	l buildin	ıgs,			
City (5)								Square Feet	# of Floors	Bldg.	Age			_
	10							equal or out	" 01110010		5.			
East Orange, NJ 070 County (6)	19				Count	v Codo /	7) (STATE USE	Current Hee /	Prior if being demoli	50+	0.9745	2005 T	_	_
					ONLY		I) (STATE USE			sileu)				
Essex Name of Monitoring Fi	rm Hirad I	by Building Own		ASCI	4 Na		T N (A b - 4	1 917 00	cupied					
(8)	riii nirea i	by Building Own	er	ASCI	VI NO.		Violation of the Control of the Cont	ment Contractor	(9)					
							RICI CORP							
Street Address							Street Address							
City Ctata Zin Cada	War and						41 LIBERTY S							
City, State, Zip Code							City, State, Zip							
Drainet Managarfar Ma	anitarina F		1 -	-11-	N		PASSAIC, NJ	07055						
Project Managerfor Mo	onitoring F	-irm	'	elepno	one No.	*	Telephone No.		License No.					
Ot t D-t- (40)		1011110					973-614-1266		00838					
Start Date (10)		Scheduled Co		tion Da	ite (1 1)		Name of OSHA	Monitor						
October 18, 2012	Al1-	January 15, 2				- / //	RICI CORP							
Occupancy Status Duri	ing Abatei	ment (Check onl	y one)			Street Address							
☐ Facility ClosecNaca	ted During	g Entire Period o	of Aba	temen	t		41 LIBERTY S							
☐ Abatement Performe ☐ Other - Describe	ed Outside	e of Normal Faci	lity Ho	ours			City, State, Zip	- P						
The state of the s	all that a						PASSAIC, NJ	07055						
Scope of Work (Check	ali that ap	ppiy)					☐ Full	Containment wit	h Negative Pressure	9				
□ ~: 3 sf or ~: 3 lf ⊠ ~: 1 60 sf or ~: 260 lf						novation nolition	☐ Mini	-Enclosure	_					
△ 1 00 SI 01 ~, 200 II					CI Del	nontion	☐ Glov	elbag Procedure -Exempted (*) ar	r nd Non-Friable Proc	edure				
			1.	s Loca	ion	1					A	oate	mer	nt
				Norma		1						Ту	ре	
Locat Asbestos-Containi	tion of no Materi	al· (ACM)		ed Sol		Ashe	Description stos Containing M		Amount				_	
TO BE A	ABATED	(*)		aintena Custod		(i.e	e., thermal systems	insulation,	(Specify		Re	20	Encapsulate	Enclosure
IN Fa	acility 3)			Staff	,		surfacing, VAI other miscelland		SF or LF)		Removal	Repair	Ibsu	sok
(1)	3)			(12)			other miscenant	eous,			val	₩.	late	ē
			Yes	No	N/A									
All exterior windows				x		intact v	vindow frames		2750 SF		x			
				1200									1	
													+	
												-	-	-
Name of Registered Wa	ste Haule	er l	I N.	IDEP V	I Vaste H	lauler	Cubic Yards of	Name of Reg	stered Landfill					-115%
	oto mauro			No.	vasto i	ladici	Waste	Ivallie of Iveg	Stered Landini					
RICI CORP			290	051			TBD	G.R.O.W.S.	LANDFILL					
City, State							Disposal Date	City, State						
PASSAIC, NJ							TBD	MORRISVIL	LE. PA					
Completed by		Title					Signature			Date				-
RISTO TRAJKOV		PRESIDENT					27	M	2 1	0/8/20	12			

amend start Date extra work			ursuant	to NJAC	8:60 an	d 12:12	20)	REC	C.	K#	43	a	3	
Date of Notification (1) 10-9-2012				f Building ty of Un				2002	CIA	ED	-			
Agencies Notified Type Notification EPA Initial			Street A 10 Eli:	ddress zabeth	Town F	Plaza	1 6 5 ,	OCT 12	AM	S: 17				
DEP X Amended Amendment			City, Sta Elizab	ate, Zip Co eth, NJ	ode 07207		&	COCT 12	CONT	Roi				
DOH justification) Cancellation			Name of	f Contact				- LA	MRei	enhone Nu	nher			
		1		LITY INF						~ ~		- 1		
Name of Facility Where Abatement is Takin Galloping Hills Service Yard	g Place (3)	17.0.		O11		Тур	e of Facility School (K-	ORGANI Despendo					
Street Address 21 North 31st Street							×	Subchapte	r 8 (Oth	er than K-1: & commerci		dings	, hom	es,
City (5)								etc.)	. # -	f Floors	- 1 -	14-		
Kenilworth								are Feet			1	8ldg. / 50+	-ge	
County (6) Union				Code (7) USE ONLY	n		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	rent Use (Pr npty Sche						
Name of Monitoring Firm Hired by Building n/a	Owner (8))	ASCN n/a	/ No.				oatement Co		(9)				
Street Address			1	-		Stree	t Addre	ess						
n/a City, State, Zip Code							Troy I							
n/a								Zip Code Park, NJ 0	7035					
Project Manager for Monitoring Firm n/a			Telepho	ne No.		10000000	hone 1 3-706-	No. -7950		License N 01088	0.			
Start Date (10) 10-15-2012	Schedul		-	Date (11)				SHA Monitor						
Occupancy Status During Abatement (Chec							t Addre		, LLC					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm							Troy I	Lane Zip Code						
Other – Describe: 9 am - 5am			State of Page		_	Line	coln F	Park, NJ 0	7035					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit	19917050				M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	re cedure				e	
Location of	2.00	s Locati Normal	277/107/2		Do	scriptio	n of						emen vpe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial S (12)	nce/		tos Cont thermal surfa	taining	Materians insu AT, or	**************************************	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Roof	1	110	V	Bu	ilt up R	Roofine	g Mat	erial	10,0	000 SF	X	-		
Hallway leading to interior B.Room			8			VAT		manuf Millions		0SF	X			
2nd Fl. Apartment Kitchen		X			VAT			15	50 SF	X				
Stairwell leading to 2nd Fl. Apt.		X			VAT				5 SF	X				
Name of Registered Waste Hauler	Н	JDEP W lauler ID	Section 1000	of Was					red Landfill					
DJM Transport, LLC City, State		2	9681		TBD	sal Date	9	Clean City, Stat					1, 27-67	
Kearny, NJ 07032					TBD		-	S. Kea		J				
Completed by Lillie Lazarevich	Title Seci	retary			S	P) 	Paza	. ;	Da 10	te)-9-2	012		
		,				ruc	اللا	uza	m			(V.S.)		

State of New Jersey

Check# 9882

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12

Client Project #										
Date of Notification (1) October 0	8. 201	2			Name of Building Owner/ RUTGERS, THE S		VERSITY	OF NJ		
Agencies Notified □EPA □ DCA ☑ DOL ☑ DEP- No Longer REQUIRED ☑ DOH		Notification Initial I Amende Emerg justific Cancel	Notifica ed Notification ency (internation)	fication including	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code PISCATAWAY, NJ Name of Contact MICHAEL SMITH, E HEALTH & SAFET	4086, LIVI 08854 <u>ENV.</u>	NGSTON Telesco	CAME	US CE))
				FACILITY INF				d ô	-5	
Name of Facility Where Abatement ENGINEERING, BLDG# 3		ng Place (3)		2	Type of Facility (4) School (K-12) Subchapter 8 (other that	ın K-12)		=======================================		*
Street Address BUSCH CAMPUS					Other (i.e. private & con				years	53
	unty (6) VIDDL	ESEX		/ Code (7) Use Only)	Current Use (prior if being	g demolished): ACADEI	MIC		
Name of Monitoring Firm Hired by ATC ASSOCIATES	Bldg. Ov	vner (8)	ASCM 0098		Name of Contractor (9) GREENWOOD ABA	TEMENT C	ONSULTA	ANTS, II	NC.	
Street Address 3 TERRI LANE					Street Address 268 MAIN STREET					
City, State, Zip Code BURLINGTON, NJ 0801	10000			0.5900	City State, ZipCode BUTLER, NJ 07405					
Project Manager for Monitoring Firm BRIAN KEARNY	<u>n</u> []	Telephone N 609-386-			<u>Telephone Number</u> 973-492-0477		License No 00840	umber		
Scheduled Start Date (10) 10/18/12		Scheduled C 10/22/12	ompletio	on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC	5.				
Occupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside Describe: Other – Describe: Shift Hotel	g Entire e of Nor	Period of Al mal Facility	batemen Hours -		20-21 WARGARAW City, State, Zip Code	ROAD				
					FAIRLAWN, NJ					
Scope of Work (Check all that apple □≥ 3 sf or ≥ 3 lf 区≥ 160 sf or ≥ 260				☑Renovation ☐ Demolition		Mini-Enclo Glovebag	inment with sure Procedure pted (*) and			
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Normal by Maint./Cu (12) NO			bestos Containing Material nal systems insulation, surfaci cell.)	ing, (Speci or LF)	fy SF	nove Repa		<u>Enclose</u>
D-115		X		VAT		1100	SF 🗵			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was See Below		r ID#	Cubic Yards of Waste:	20 CY	Name of R G.R.O.W			ill
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509		Butler, 1	NJ 07405		Disposal Da 10/22/12	<u>ite</u>	Rd. M 19067	ew Ford Norrisville,		
Completed by (Print or Type) RAYMOND C. PEDALINO	8 85536	ENIOR PI ANAGER		т	Signature Raymand C. Per	dalino	Date Octo	ber 08,	2012	

Check# 9880

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12

Client Project #					H (B.1.)	10	tor (2)					
Date of Notification (1) October 5,	2012				Name of Building Owner RUTGERS, THE S	TATE	UNIVE	ERSIT	Y 0.5	NJ		
Agencies Notified EPA DCA DOL DEP- No Longer REQUIRED DOH	Not X 2 nev		lotificated Notificated Notifi	cation #1 – etion dates	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code PISCATAWAY, NJ Name of Contact MIKE SMITH, ENV	HEA 4086 0885	LTH &, , LIVIN 4	SAL CEST OS	TY BE	PT NAMPUS	; 1	
				FACILITY INF	& SAFETY			O =		100	3	
Name of Facility Where Abatement is BARTLETT HALL BLDG#	Taking P 6024	Place (3)		FACILITY INF	Type of Facility (4) School (K-12) Subchapter 8 (other	than K-1	12)		=	•		
Street Address COOK CAMPUS					Other (i.e. private & c	ommerc		ngs, hon Bldg	nes, etc.) . Age:	80+ ye	ars	
	ty (6) IDDLES	SEX		Code (7) Ise Only)	Current Use (prior if bei	ng dem	olished):	ACA	DEMIC			
Name of Monitoring Firm Hired by B ATC ASSOCIATES	dg. Owne	er (8)	0098		Name of Contractor (9) GREENWOOD ABA	TEME	ENT CO	NSUL	TANT	S, INC.		
Street Address 3 TERRI LANE		, and a second			Street Address 268 MAIN STREET							
City, State, Zip Code BURLINGTON, NJ 08016	,				City State, ZipCode BUTLER, NJ 07405	5						
Project Manager for Monitoring Firm BRIAN KEARNY	Tel	lephone N 09-386-			<u>Telephone Number</u> 973-492-0477			Licens 0084	e Numbe	er -		
Scheduled Start Date (10) 10/12/12	- Alexandra	heduled C 0/15/12	ompletion	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, II	NC.						
Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside	Entire Pe	eriod of Al	oatemen	t	20-21 WARGARAV City, State, Zip Code	V ROA	ND				41303000	
Describe Souther - Describe: Shift Hou (MON) (24 HR as needed)		0 PM (F	RI) – 5	:00 AM	FAIRLAWN, NJ							
Scope of Work (Check all that apply)								ille Mane	stive Dro		
□ ≥ 3 sf or ≥ 3 lf ☑ ≥ 160 sf or ≥ 260)			☑Renovation ☐Demolition		☐ Mi ☐ Glo	I Contain ini-Enclos ovebag P n-Exempt	sure rocedu ted (*) a	re and Non-	-Friable	Proced	ure
Location of Asbestos-Containing Material (ACM) in Facility (13)		on Normal y Maint./Cu 2) NO		Description of As (ACM) (i.e. them VAT, or other mis	bestos Containing Material nal systems insulation, surf scell.)	acing,	Amoun (Specif or LF)			Repair I	50 M	Enclose
Room 303A	123	X		TRANSITE			200 S	F	X			
							+					
				0)/	Nome	of Regis	tered La	ndfill	<u> </u>			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		JDEP Was ee Below	PALIFICATION 1.1.1.1000111	r ID #	Cubic Yards of Waste:	10	CY	G.R.	O.W.S.	North I	Landf	iH
Hauler #1) Greenwood Abatemen NJDEP # 12561	Hauler #2) Newark Carting, Inc., Newark, NJ 04509						posal Da /15/12	<u>te</u>		City, Stat 100 New Rd. Morr 19067 215-736-	Ford Misville,	
Completed by (Print or Type) RAYMOND C. PEDALING	npleted by (Print or Type) <u>Title</u>						lino	<u>Date</u>	Octob	er 5, 2	012	

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12

Client Project #												
Date of Notification (1) September	er 20, 20	012	=8,000		Name of Building Owner RUTGERS, THE	er/Opera	ator (2)	EDEIT	V 0E			
Agencies Notified IXI EPA IXI DCA IXI DOL IXI DEP- No Longer REQUIRED IXI DOH		lotification Initial Amend Emerg	Notific led Not gency cation)	ification (including	Street Address ENVIRONMENTA 27 ROAD 1, BLDO City, State, Zip Code PISCATAWAY, N. Name of Contact MIKE SMITH, ENV	L HEA 3 4086 J 0885	ALTH & 6, LIVII	S SAFE NGSTO	N CA	EPT.	S)
				FACILITY IN	FORMATION			L Ž		10	9900	
Name of Facility Where Abatemen BARTLETT HALL BLDG	t is Taking # 6024	Place (3)			Type of Facility (4) School (K-12)			(7)	INO.	ē. ₹	T	1
Street Address COOK CAMPUS					Subchapter 8 (other Other i.e. private & c	commerc	ial buildi oors: 3	ngs, home	es Colc.	.) _	-31 4	
NEW BRUNSWICK	Inty (6) VIIDDLE	KONGRESIA S		y Code (7) Use Only)	Current Use (prior if bei	5735	277	CO			Curs	
Name of Monitoring Firm Hired by ATC ASSOCIATES	Bldg. Owne	er (8)	ASCN 009		Name of Contractor (9) GREENWOOD ABA	TEME	NT CO	TILISM	ANT	S INC		
Street Address 3 TERRI LANE				Street Address 268 MAIN STREET		00	DINOULI	AIVI	o, 114C	<u>, </u>		
City, State, Zip Code BURLINGTON, NJ 08010					City State, ZipCode BUTLER, NJ 07405	i						
Project Manager for Monitoring Firm BRIAN KEARNY		lephone N 09-386-		<u>Telephone Number</u> 973-492-0477			License N	lumbe	r			
Scheduled Start Date (10) 10/05/12	10	0/08/12	IIP	on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, IN	IC		00840				
Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside Describe Other – Describe: Shift Hou (MON) (24 HR as needed)	Entire Pe of Normal	eriod of Al I Facility I	oatemer Hours -		Street Address 20-21 WARGARAW City, State, Zip Code)					
Scope of Work (Check all that apply)				-					_		
 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 				☑Renovation ☐Demolition		Mini Glove	-Enclosi ebag Pro					ure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Solely by Staff? (12) YES	Maint./Cu			pestos Containing Material al systems insulation, surfac cell.)	ing,	Amount (Specify or LF)	SF Ab	ateme	nt Type Repair E		
Room 303A		X		TRANSITE			200 SF	X				
Name of Reg. Waste Hauler See Hauler Below #1 & 2	ID#	Cubic Yards of Waste:	10 CY	Y [Name of R	egiste	red Lan	dfill andfil	II			
Hauler #1) Greenwood Abatement (NJDEP # 12561 Hauler #2) Newark Carting, Inc., N NJ DEP # 4509	lewark, NJ		Butler, N	NJ 07405	6	Dispos 10/08	8/12		10 Rd 19	ty, State 0 New F I. Morris 067 5-736-1	Ford Mi sville, F	
Completed by (Print or Type) RAYMOND C. PEDALINO		IOR PR	OJEC	т	Signature Raymand C. Per	dalin	1 7	Sep	teml	ber 20), 201	2

State of New Jersey - Notification of Asbestos Abatement

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reck		((Pursuant	to N.J.A.C.	8:60-7 and 12:120-7)	(0)		RECEIVE 120CT 12 AM 6:
					Name of Building Owner/Ope	erator (2)		12 OCT 12
ate of Notification (1)				- 1	New Jersey America	n Water C	ompany	AM C.
ctober 8, 2012		Notification T	Type .		Street Address		- AS	disting.
gencies Notified		Notification 1	Notification	.	Street Address Raritan District, Rose	lle Water	Booster	Station
	- 1	Initial N	1.Contide	tion # 1	City, State, Zip Code Roselle, NJ c/o PKI			& LIGENSING
x EPA		⊠Amende			Desalle NIclo PKI	F Mark I	II Newt	own PAYS/MO TO
DCA	1	■ Emerge	ency (incli	uding [Roselle, 145 C/O I IZ	1	Telephone	Number
x DOL	1	justifica	ation)		Name of Contact	1		7
X DEP	- 1	☐ Cancel	led		Christopher Grys			
DOH		_ canee.		FACILITY INF	ORMATION			
	(1. T-1:	Diago (3)		7710	Type of Facility (4)		*	1
ame of Facility Where Abate	ement is Takii	Pacello	Rooster!	Station	School (K-12)			
ame of Facility Where Abate IJ American Water (Sompany.	, Roselle	Booster (otatio	Cubchanter 8 (other than K	(-12)		
ast Station						mmorcial hui	ldings, home	es, etc.)
troot Address	0000	2.00202			Sq. Feet: Unknown	# of Floors	: 1 Bldg.	Age: 70 years
00 West 1st Avenue	, Roselle,	, NJ						
City (5)	County (6) Union		County Co (State Use	ode (7) e Only)	Current Use (prior if being of	iemolished):	Power St	ation to be demolished
Roselle	Omon							
Name of Monitoring Firm Hire	ed by Bldg C	Owner (8)	ASCM	1000	Name of Contractor (9)			
N/A- Final Inspect	ion By:	74.10-111	00079		GREENWOOD ABATE	EMENT CO	NSULTA	NTS, INC.
AECOM, Inc.					Street Address			
Street Address					268 MAIN STREET		2000	
30 Knightsbridge Ro	oad, Suite	e 520			City State, ZipCode			
City, State, Zip Code					Butler, NJ 07405			
Piscataway, NJ 088	154			1	Butler, No 07400		License No	umber
Project Manager for Monitor	ing Firm	Telephone	Number		Telephone Number		Lioung	
Project Manager for Monitor	mg r mm	732-672	2-7519		072 402 0477		00840	
Mark Connors					973-492-0477			
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSHA Monitor			
October 9, 2012		October	r 17, 2012	2	EMSL inc.			
Occupancy Status During	Abatement	(Check only	one)		Street Address			
Facility Closed/Vac	ated During	Entire Period	of Abatem	ent	1056 Stelton Road			
Abatement Perform	aced During	of Normal Fa	cility Hours	-	1056 Stelloll Road			
	led Outside (Of Itolina.			City, State, Zip Code	(3)		
		he demo	ished		Piscataway, NJ 088	R54		
Describe	locant to	De dellio	7 2012		Piscataway, No out	JU-		
Describe Describe:	/acant to	Ontohor's			The second control of			
Describe Describe:	/acant to , 2012 to	October '	17, 2012					
Other - Describe: \Phase 2- October 9), 2012 to	October '						No potivo Proceure
Describe Describe:), 2012 to	October '				Full Contai		Negative Pressure
Describe Other – Describe: \ Phase 2- October 9 Source of Work (Check all	that apply)	October '		Panauation		Full Contai	ire	Negative Pressure
Describe Other – Describe: \ Phase 2- October 9 Source of Work (Check all ≥ 3 sf or ≥ 3 lf	that apply)	October '		Renovation		Full Contai	ire Procedure	
Describe Other – Describe: \ Phase 2- October 9 Source of Work (Check all ≥ 3 sf or ≥ 3 lf	that apply)	October '		Renovation Demolitio	n	Full Contai	ire Procedure moted (*) a	nd Non-Friable Procedure
Describe Other – Describe: \ Phase 2- October 9 Source of Work (Check all	that apply) f ≥ 260	October		Demolitio	n x	Full Contai Mini-Enclosu Glovebag Non-Exe	re Procedure mpted (*) a	Negative Pressure nd Non-Friable Procedure batement Type
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Describe Other – Describe: \ Phase 2- October 9 Source of Work (Check all ≥ 3 sf or ≥ 3 lf □≥ 160 sf or	that apply) f ≥ 260 taining (13) So Sta	Location Normolely by Maint. aff? (12)	nally Used /Custodial	Demolitio	n x Asbestos Containing Material ermal systems insulation, surfac	Full Contai Mini-Enclosu Glovebag Non-Exe Amou (Spec or LF	Procedure mpted (*) a int A Lifty SF	nd Non-Friable Procedure batement Type emove Repair Encap Enclos
Describe Other – Describe: \ Phase 2- October 9 Source of Work (Check all ≥ 3 sf or ≥ 3 lf □≥ 160 sf or Location of Asbestos-Cont Material (ACM) in Facility (that apply) f ≥ 260 taining (13) So Sta	Cocation Normolely by Maint.	nally Used /Custodial NA	Demolitio Description of A (ACM) (i.e. the VAT, or other r	n x Asbestos Containing Material ermal systems insulation, surfac niscell.)	Full Contai Mini-Enclosu Glovebag Non-Exe Amou (Spec or LF	Procedure mpted (*) a int A cify SF)	nd Non-Friable Procedure batement Type temove Repair Encap Enclos
Describe Other – Describe: \ Phase 2- October 9 Source of Work (Check all ≥ 3 sf or ≥ 3 lf □≥ 160 sf or Location of Asbestos-Cont Material (ACM) in Facility (that apply) f ≥ 260 taining (13) So Sta	Location Normolely by Maint. aff? (12)	nally Used /Custodial	Description of A (ACM) (i.e. the VAT, or other r	n x Asbestos Containing Material ermal systems insulation, surfact niscell.)	Full Contai Mini-Enclosu Glovebag Non-Exe Amou (Spec or LF	Procedure mpted (*) a int LF LF LF	nd Non-Friable Procedure batement Type temove Repair Encap Enclos
Describe Other – Describe: \ Phase 2- October 9 Source of Work (Check all ≥ 3 sf or ≥ 3 lf □≥ 160 sf or	that apply) f ≥ 260 taining (13) So Sta	Location Normolely by Maint. aff? (12)	nally Used /Custodial NA	Demolition Description of A (ACM) (i.e. the VAT, or other records and the Cartest and the Car	n x Asbestos Containing Material ermal systems insulation, surface niscell.) ck Caulk ndow Caulk	Full Contai Mini-Enclosu Glovebag Non-Exe Amou (Spec or LF	Procedure mpted (*) a int LF LF LF	nd Non-Friable Procedure batement Type temove Repair Encap Enclos
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Describe Other – Describe: \ Phase 2- October 9 Source of Work (Check all ≥ 3 sf or ≥ 3 lf □≥ 160 sf or Location of Asbestos-Cont Material (ACM) in Facility (East Building	that apply) f > 260 taining (13) So Sta YE	Location Normolely by Maint. aff? (12)	nally Used /Custodial	Description of A(ACM) (i.e. the VAT, or other reconstruction of ACM) (i.	n x Asbestos Containing Material ermal systems insulation, surfaceniscell.) ck Caulk ndow Caulk lue PipeTransite	Full Contai Mini-Enclosu Glovebag Non-Exe ing, (Spec or LF	Procedure mpted (*) a int Aify SF) LF	nd Non-Friable Procedure batement Type temove Repair Encap Enclos
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Please Note: This amendment clarifies the exact jobsite location, which is on the border of Roselle & Roselle Park

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)								-1461)
September 24, 2012		,			Name of Building Owne New Jersey Amel Street Address	r/Operator (2)	2012 00	7
Agencies Notified		Notification	n Type		Street Address	rican vvate	r Comper	MY STEE
				tification	Raritan District, R	osalla Wa	- Danet	r Station
X EPA		□Amend			City, State, Zip Code	OSCIIC WA	CO CO CO CO	GENERAL ROL
DCA				(including	Roselle, NJ c/o I	PKE Mar	L THENLL	CENTROL
x DOL			cation)		Name of Contact	IXF WIAI	Telephone	TO THE PARTY OF TH
X DEP x DOH		□ Cance			Christopher Grys	2	1 elephone	e Number
X 2011		1 - 0 - 100	3110 G	FACILITY IN	NFORMATION	•		
Name of Facility Where Abaten	ment is Ta	king Place (3)			Type of Facility (4)			
NJ American Water C	ompan	y, Roselle	Boos	ter Station	School (K-12)			
East Station	33 0	7/2:			Subchapter 8 (other tha	an K-12)		
Street Address					Other (i.e. private		buildings, hon	nes, etc.)
400 West 19 th Street					Sq. Feet: Unknown	# of Floo	ors: 1 Bldg	. Age: 70 years
	County (6 Union	<u>5)</u>		y Code (7) Use Only)	Current Use (prior if beir	ng demolished	d): Power St	ation to be demolished
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCN	1	Name of Contractor (9)			
N/A- Final Inspectio			000		Traine of Contractor (5)			
AECOM, Inc.					GREENWOOD ABA	TEMENT C	ONSULTA	NTS, INC.
Street Address					Street Address			3000
30 Knightsbridge Roa	d. Suite	e 520			268 MAIN STREET			
City, State, Zip Code	u, ouite	020			City State, ZipCode			
Piscataway, NJ 08854	ļ				Butler, NJ 07405			
Project Manager for Monitoring		Telephone N	Number		Telephone Number		License Nu	mber
Mark Connors		732-672			973-492-0477			
Scheduled Start Date (10)		Scheduled (Completio	on Date (11)	Name of OSHA Monitor		00840	
October 9, 2012		October						
1			The garden we start for the con-		EMSL inc.			
Occupancy Status During Aba	tement (Check only o	ne)		Street Address			
Facility Closed/Vacated				ment	Street Address			
Abatement Performed (Outside o	f Normal Faci	ility Hou	rs -	1056 Stelton Road			
Describe					City, State, Zip Code			
Other - Describe: Vac		나라면 아름답아 뭐라지 때 모으로 살폈다면			Diagramus N.I. 00	054		
Phase 2- October 9, 20	112 to C	October 17	, 2012		Piscataway, NJ 08	004		
Source of Work (Check all that a	apply)				<u> </u>			
2 2 2 2 2 2 2 4				<u> </u>				egative Pressure
≥ 3 sf or ≥ 3 lf	•			Renovation	1	Mini-Enclo		
□≥ 160 sf or ≥ 260	U			Demolition		Glovebag F		
Location of Asbestos-Containing	I Is Lo	cation Normal	lv Used	Description of As	bestos Containing Material	Non-Exen Amour		Non-Friable Procedure tement Type
Material (ACM) in Facility (13)	Solel	y by Maint./Cu		(ACM) (i.e. them	nal systems insulation, surfaci	ing, (Speci	fy SF	
	YES	? (12) NO	NA	VAT, or other mis	scell.)	or LF)	Rem	ove Repair Encap Enclose
East Building	1 120	110	X	Glass Block	Caulk	4001	E 107	
				Louver Wind		108 L 65 L	1000 A 1000 A	
		1 1			e PipeTransite	10 L	COST C. Property	
				Roof Flashir		100 L	· · · · · · · · · · · · · · · · · · ·	
Name of Reg. Waste Hauler		NJDEP Wast	e Haxule		Cubic Yards of Waste:	100 E		gistered Landfill
See Hauler Below # 1 & 2		See Below				40		II Landfill
Hauler #1) Greenwood		nent Cons	ultant	s, Inc Butle	er, NJ 07405	Disposal Da		City, State
NJ DEP # 12						October '	17, 2012	Route 2, Box 68 Bridgeport, WVA
Hauler #2) Newark Ca	rting,	Inc. – Ne	wark,	NJ 04509, N	IJ DEP # 19551			304-842-2784
O-1111 -511 -								
Completed by (Print or Type)		itle	00 150	-	Signature		Date	
Marin Graure	0.00	ENIOR PR		1	Marin Graure		Septem	ber 24, 2012
CAC#2012 200 DL		IANAGER						



Date of Notification (1)					Owner/Operator (2			FE			
10 / 08 / 12	2		Camp	bell So	up	28	12 OCT 12 1	800 -			
Agencies Notified Type Notification			Street A	ddress			12 100	M 6:	04	8	
⊠ EPA			1 Car	npbell P	lace	A.S	& LICENS	1 5	100		
☑ DOLWD ☐ Amended		Ī	City, Sta	ate, Zip Co	ode		& 11CENS	JHTR	OL		
☑ DHSS Amendment #			Camo	den, NJ			T LICENS	ING		2	
☐ DCA ☐ Emergency (i justification)	ncidaling		Name o	f Contact			Telephone Numb	er	T.	ð	
☐ Cancellation			Chris	Schoer	n						
			FACI	LITY IN	FORMATION						
Name of Facility Where Abatement is Takir	ng Place	(3)				Type of Facility (4	1)				
Former Sears	•					School (K-12)					
Street Address						☐ Subchapter 8	(Other than K-12) vate and commer	cial buil	ldinas	š.	
1300 Admiral Wilson Blvd						homes, etc.)	vato una commo				
City (5)						Square Feet	# of Floors	Bldg	g. Ag	е	
Camden						200000	3		00		
County (6)			County	y Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Camden					100	Manufacturi	ng				
Name of Monitoring Firm Hired by Building	Owner (8) /	ASCM N	lo.	Name of Abateme	ent Contractor (9)	***************************************				e 1-221.
Langen Engineers	A-3-00-2019-000-10		NA		Alliance Envi	ronmental Sys	tems				
Street Address					Street Address						
River Drive Center 1, 4 th Floor					550 East Unio	on Street					
City, State, Zip Code					City, State, Zip Co	ode					
Elmwood Park, NJ 07407					West Cheste	r, PA 19382					
Project Manager for Monitoring Firm		Tele	phone N	10.	Telephone No.		License No.				
Ross Caldwell		20	1-794-	6900	610-701-9000)	00508				
	eduled C	omple	tion Date	e (11)	Name of OSHA N	Monitor					
10 / 23 / 12 _	11_ /				AET	lit.					
Occupancy Status During Abatement (Che	eck only (one)			Street Address				***************************************		CHICA.
☐ Facility Closed/Vacated During Entire F			ment		28 N. Pennel	Road					
Abatement Performed Outside of Norm	nal Facility	y Hour	s - Desc	cribe	City, State, Zip C	ode				7	- 13
Time of Abatement: 7:00AM-3:30PM/	P	M	AM		Media, PA 19	0063					
Scope of Work (Check all that apply)											
		0.00 (CO.00)			☐ Full Con ☑ Mini-End	tainment with Neg	ative Pressure				
		novati	on .								
>3 sf or ≥3 lf	□ Re				M Gloveda	g Procedure					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		molitic			⊠ Non-Exe	g Procedure empted (*) and No	n-Friable Procedu				im
	☐ De	molitic	ion		⊠ Non-Exe	empted (*) and No	n-Friable Procedu		ateme	ent T	-
∑ ≥160 sf or ≥260 lf Location of	De Is	Local Norma	tion illy			empted (*) and No	5200 - 1900	Aba			-
≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)	Is Use	Local Norma ed Sola	tion illy ely by ance/		Description of the story Containing Ma	empted (*) and No of aterial (ACM)	Amount (Specify	Aba	ateme Repair		-
∑ ≥160 sf or ≥260 lf Location of	Is Use	Local Norma ed Sola intena	tion ally ely by ance/ Staff?		Description of estos Containing Manager, thermal systems surfacing, VAT	of aterial (ACM) insulation,	Amount				ype circiosole
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is Is Use Ma	Local Norma ed Sole aintena todial (12)	tion tion tilly ely by ance/ Staff?		Description of the store Containing Manager, thermal systems	of aterial (ACM) insulation,	Amount (Specify	Aba		ent Encapsulate	-
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Is Use Ma Cus	s Locat Norma ed Sole aintena todial (12)	tion ally ely by ence/ Staff?	(i.e	Description of the stos Containing Mage, thermal systems surfacing, VAT other miscellane	of aterial (ACM) insulation,	Amount (Specify SF or LF)	A Removal	Repair		Liticioadid
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Is Is Use Ma	Local Norma ed Sole aintena todial (12)	tion tion tilly ely by ance/ Staff?	pipe in:	Description of estos Containing Materials, thermal systems surfacing, VAT other miscellane sulation	of aterial (ACM) insulation,	Amount (Specify SF or LF)	Aba Removal	Repair		-
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Is Use Ma Cus	s Locat Norma ed Sole aintena todial (12)	tion ally ely by ence/ Staff?	pipe in:	Description of the stos Containing Mage, thermal systems surfacing, VAT other miscellane	of aterial (ACM) insulation,	Amount (Specify SF or LF)	A Removal	Repair		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st & 2nd Floor Mech Rooom	Is I Use Ma Cus	s Locat Norma ed Sole aintena todial (12)	tion ally by since/Staff?	pipe in:	Description of estos Containing Materials, thermal systems surfacing, VAT other miscellane sulation	of aterial (ACM) insulation,	Amount (Specify SF or LF)	Removal	Repair		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st & 2nd Floor Mech Rooom Windows, Doors, mirrors	Is Is I Use Ma Cus	s Local Norma ed Sole sintena todial (12) No	tion ally ely by ance/ Staff?	pipe in: Vibration	Description of estos Containing Materials, thermal systems surfacing, VAT other miscellane sulation	or permeted (*) and No of aterial (ACM) insulation, r, or eous)	Amount (Specify SF or LF) 4000 LF 35 SF 1,850 SF 122 SF	Aba Removal	Repair		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st & 2nd Floor Mech Rooom Windows, Doors, mirrors electric room, elevator room	Is Use Ma Cus Yes	Locat Normal ded Sole aintena todial (12)	tion ally by ance/ Staff?	pipe in: Vibration misc. g Brake p	Description of estos Containing Mate, thermal systems surfacing, VAT other miscelland sulation on cloth glue, caulk pad, transite, eb	empted (*) and No of aterial (ACM) insulation, r, or eous) ony board Name of Regis	Amount (Specify SF or LF) 4000 LF 35 SF 1,850 SF 122 SF	Removal	Repair 🔲 🗆		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st & 2 nd Floor Mech Rooom Windows, Doors, mirrors electric room, elevator room Name of Registered Waste Hauler	Is Use Ma Cus Yes	Locat Normal ded Sole aintena todial (12)	tion Illy Illy Illy Ince/ Staff? N/A	pipe in: Vibration misc. g Brake p	Description of estos Containing Materials systems surfacing, VAT other miscelland sulation on cloth glue, caulk pad, transite, eb Cubic Yards of Waste	or permeted (*) and No of aterial (ACM) insulation, r, or eous)	Amount (Specify SF or LF) 4000 LF 35 SF 1,850 SF 122 SF	Removal	Repair 🔲 🗆		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st & 2nd Floor Mech Rooom Windows, Doors, mirrors electric room, elevator room Name of Registered Waste Hauler N.E.T.S.	Is Use Ma Cus Yes	Locat Normal ded Sole aintena todial (12)	tion ally by ance/ Staff?	pipe in: Vibration misc. g Brake p	Description of estos Containing Mate, thermal systems surfacing, VAT other miscelland sulation on cloth glue, caulk pad, transite, eb	empted (*) and No of aterial (ACM) insulation, r, or eous) ony board Name of Regis	Amount (Specify SF or LF) 4000 LF 35 SF 1,850 SF 122 SF	Aba Removal	Repair 🔲 🗆		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st & 2nd Floor Mech Rooom Windows, Doors, mirrors electric room, elevator room Name of Registered Waste Hauler N.E.T.S. City, State	Is Use Ma Cus Yes	Locat Normal ded Sole aintena todial (12)	tion Illy Illy Illy Ince/ Staff? N/A	pipe in: Vibration misc. g Brake p	Description of estos Containing Materials and surfacing, VAT other miscelland sulation on cloth glue, caulk pad, transite, eb Cubic Yards of Waste 25	empted (*) and No of aterial (ACM) insulation, , or eous) ony board Name of Regis Allied BFI	Amount (Specify SF or LF) 4000 LF 35 SF 1,850 SF 122 SF stered Landfill	Aba Removal	Repair 🔲 🗆		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st & 2nd Floor Mech Rooom Windows, Doors, mirrors electric room, elevator room Name of Registered Waste Hauler N.E.T.S. City, State Hazelton, PA	Iss	Locat Normal ded Sole aintena todial (12)	tion Illy Illy Illy Ince/ Staff? N/A	pipe in: Vibration misc. g Brake p	Description of estos Containing Mate, thermal systems surfacing, VAT other miscelland sulation on cloth glue, caulk pad, transite, eb Cubic Yards of Waste 25 Disposal Date	empted (*) and No of aterial (ACM) insulation, r, or eous) nony board Name of Regis Allied BFI City, State	Amount (Specify SF or LF) 4000 LF 35 SF 1,850 SF 122 SF stered Landfill Imperial	Aba Removal	Repair 🔲 🗆		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st & 2nd Floor Mech Rooom Windows, Doors, mirrors electric room, elevator room Name of Registered Waste Hauler N.E.T.S. City, State Hazelton, PA	Is Use Ma Cus Yes	Emolitics Locat Norma ed Sole aintena todial (12) No	tion Illy Illy Illy Ince/ Staff? N/A	pipe in: Vibration misc. g Brake p	Description of estos Containing Mate, thermal systems surfacing, VAT other miscellane sulation on cloth glue, caulk pad, transite, eb Cubic Yards of Waste 25 Disposal Date TBD	empted (*) and No of aterial (ACM) insulation, r, or eous) nony board Name of Regis Allied BFI City, State	Amount (Specify SF or LF) 4000 LF 35 SF 1,850 SF 122 SF stered Landfill Imperial	Aba Removal	Repair 🔲 🗆		



Date of Notification (1) 10/11/2012				Building Co Valley (e Facilitie	App	Ground	s Dep	etn	nent	
Agencies Notified Type Notification	n	S	treet Ac	dress										
EPA Initial Amended Amendment	nt#	C	ity, Stat	ox 3300 te, Zip Coo ville NJ (ASB	ESI & L	OS COI	ATRI AG	OL_	9	
☐ DOH justificatio ☐ DCA ☐ Cancellati	y (including n)	N	lame of	Contact P. O'Rou					Tele	ephone Nun	nber			
			FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Abatement is Tal Center for Student Life Street Address	ring Place (3)							of Facility (4 School (K-12 Subchapter 8 Other (i.e. pr	2) 3 (Othe	er than K-12	2) al build	linas	home	26
118 Lamington Rd City (5)					-			tc.)		Floors	В	ldg. A		
Branchburg County (6)		To	County C	Code (7)				nt Use (Prio	-					
Somerset			STATÉ L	JSE ONĹY)		_	N/A							
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASCM N/A	l No.		100000000000000000000000000000000000000	of Abat n Inc.	ement Cont	ractor	(9)				
Street Address						200000000000000000000000000000000000000	Addres							
City, State, Zip Code						10.000	tate, Zi iton N	p Code J 07005						
Project Manager for Monitoring Firm		T	elephor	ne No.		300 50	one No 299 44			License N 01081	0.			
Start Date (10) 10/12/2012	Scheduled 10/19/20		pletion l	Date (11)				IA Monitor unovic						
Occupancy Status During Abatement (C	neck Only One)			_		Addres Mill St							
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	re Period of Ab ormal Facility I	oateme Hours	ent			City, S	tate, Zi	p Code NJ 07501						
Scope of Work (Check All That Apply)					-									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti				×	Min	I Containme ni-Enclosure ovebag Prod n-Exempted	edure					
	Т.,			Г			ı NOI	n-Exempled	() an	u Non-Fria	T	Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Mair Custo	ocation of the control of the contro	y y by ice/		tos Cor therma surfa	escription ntaining M il system acing, VA miscellar	Material s insula T, or		(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
Outside/Underground	165	140	X	Friable	pipe i	nsulatio	on on	buried	6	60 LF	х			
Name of Registered Waste Hauler Niram Inc.		Н	JDEP V auler ID 2577		of Wa	c Yards aste				ered Landfi erprises L				
City, State Boonton NJ					Dispo	osal Date		City, State Waynes		ОН				
Completed by Slobodan Panic	Title Projec	ct Ma	nager			Signatur		Jam	7	/ D	ate 0/11/	2012	!	

67759 00240

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)						Owner/Operato					1200 AC1000			AB-	
10/01/12				Louis	& Carolir	e Wolfgan	g		201	2 OCT	12	A	M 5	3	7
Agencies Notified EPA	Type Notification			18 Ta	Address ylor Stree										
DEP X DOL	Amended Amendmen Emergency		_		ate, Zip Coo rn, NJ 07					& LI	CEN	131	NG	\U	ed Gd
☑ DOH DCA	justification) Cancellation	, ,			of Contact & Carolin	e Wolfgang	g		Tel	ephone	Numbe	er			4 19
Name of Facility Where	Abatement is Takir	ag Dlage (2		FAC	ILITY INFO	RMATION	Τ=	- 7 2 7.							
House	Addicinent is Takii	ig Flace (3	,				[man]	of Facility (4							
Street Address								School (K-12 Subchapter 8	(Oth	er than h	K-12)				
18 Taylor Street							×	Other (i.e. pr etc.)	ivate 8	& comme	ercial b	ouilo	dings,	hom	es,
City (5) Millburn								re Feet	# of N/A	Floors	312-022		ldg. A	ge	
County (6) Essex	1				Code (7) USE ONLY)		Curre	ent Use (Prio	r if bei	ng demo	olished)	11		
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	И No.			atement Cont ement, Inc		(9)					
Street Address						t Addre	ss gren Aven	ue	***************************************						
City, State, Zip Code	The second secon							ip Code J 07512							
Project Manager for Mon	ect Manager for Monitoring Firm					Telep	hone N -345-8	0.		License #0067	TORSTON .				
Start Date (10) 10/11/12		Schedule 10/13/1		mpletion	Date (11)	Name	e of OSI	HA Monitor ement, Inc							
Occupancy Status During	Abatement (Chec	k Only On	e)				t Addre	<u> </u>							
Facility Closed/Vaca	ated During Entire	Period of A	bater	ment				gren Aveni	ue						
Abatement Perform Other – Describe:	Occupied	nal Facility	Hour	S	250	17.49.20		ip Code IJ 07512			£0,			,	
Scope of Work (Check A	ll That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	enova emoli				Mir Glo	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure	AARON SING					
		Is	Locat	ion				II-Lxempleu) and	I NOII-FI	lable F		Abate		
Location		N	orma	lly		Description	n of				_		Тур	е	
Asbestos-Containing TO BE ABA In Facili	TED	Mai	ntena	ely by nce/ Staff?		s Containing I nermal system surfacing, VA	ns insula		(S	mount pecify or LF)	2	0	R	Encapsulate	Enc
(13)	•		(12)			other miscella			SF	OI LF)	Control		Repair	psula	Enclosure
		Yes	No	N/A							-	-		ate	e,
baseme	ent		X			pipe insula	ation		70) LF	х				
crawl spa	ace		X			pipe insula	ation		2	5 LF	х				
	~	+++			<u> </u>				,			-	-		\neg
Name of Registered Was		42	1000	IJDEP W	202	Cubic Yards		Name of Re	egiste	red Land	ifill				
D&S Abatement, Inc.	Abatement, Inc.					of Waste ΓBD		Waste M	anag	ement	of P	A			
City, State Totowa, NJ						Disposal Date		City, State Tullytowr	ı, PA						\neg
Completed by		Title	all the second			Signatur		7) /	1	· T	Date				
Deanna Brkusanin		Projec	t Ma	anager		<u> </u>	I w	lle Phil	W	4	10/01	/12	2		

CX 1590024D

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

FB 7 751 115 11 125									TV.		LIVI	_ [
Date of Notification (1) 10/01/12					f Building & Caroli				2812.0	AT I	0 8M	T. 6			
Agencies Notified	Type Notification			Street A	ddress	-			ZOIZ U	UII	2 AM	2: 3	-		
X EPA	× Initial			20 Tay	lor Stre	et					59520 - 5059763600			è	
DEP				City, Sta	ite, Zip Co	ode	100000		ASBE	510	S COM	ITRO) <u>L</u> .		
Ĭ DOL	Amendment		_	Millbur	n, NJ 0	7041			&	LIC	ENSIN	IG	A		
ĭ DOH	Emergency justification)			Name of	f Contact					T Tal	enhone N	umber	4		700
Ď DOH DCA	Cancellation			Louis	& Caroli	ne Wol	lfgang								
					LITY INFO								-		
Name of Facility Where A	batement is Takin	g Place (3))				0.1	Туре	of Facility (4	4)					
House								П	School (K-1	2)					
Street Address			2021		V4	H-17-1-1-1			Subchapter		er than K-	12)			
20 Taylor Street									Other (i.e. p	rivate 8	& commer	cial bu	ilding	, hom	es,
City (5)									etc.) re Feet	# 0	f Floors	- 1	Bldg.	Δαρ	
Millburn								N/A	C I CCI	N/A			N/A	nge	
County (6)	70.			County (Code (7)				nt Use (Pric						
Essex				(STATE	USE ONLY			Hous		i ii bei	ng demon	srieu)			
Name of Monitoring Firm	Hirad by Building	Oumor (9)		ASCM	1 No		Mana	and the second	tement Con		(0)				
N/A	rined by building	Owner (6)		ASCIV	I NO.				ement, In		(9)				
Street Address				1						U.					
Street Address							T 100 TO 100	Addres	s Jren Aver						
City Otata 7ia Cada										iue					
City, State, Zip Code								state, Zi							
									J 07512						
Project Manager for Moni	toring Firm		1	Telephor	ne No.			none No			License				
							9/3-	345-8	685		#0067)			
Start Date (10)		Schedule		npletion I	Date (11)				IA Monitor				Atherna		
10/11/12		10/13/1					D&S	Abate	ement, In	C.			20		
Occupancy Status During	Abatement (Chec	k Only One	e)					Addres							
Facility Closed/Vaca	ted During Entire	Period of A	baten	nent			11 R	oseng	ren Aven	iue					
Abatement Performe	d Outside of Norn	nal Facility	Hours	1		Ī	City, S	tate, Zi	p Code						
Other – Describe: O	ccupieu				7,077	-	Toto	wa, N	J 07512						
Scope of Work (Check All	That Apply)							V 1-78-						- KON 500	
× ≥3 sf or ≥3 lf		☐ Re	enova	tion				Full	Containme	nt with	Negative	Press	ure		
2160 sf or ≥260 lf		The second secon	emolit				×	Min	i-Enclosure		110941110	1 1000			
							-		vebag Proc		d Nam Fair	- LI- D-			
		1						I INOI	n-Exempted	() and	u Non-Frie	able Pr		re tement	
			Locati ormal											ype	
Location			I Sole		A - L		cription		(4010	1/4/			T	T	
Asbestos-Containing I TO BE ABA		Mair	ntena	nce/	Asbes (i.e.	tos Cont thermal	aining N	nateriai s insula	(ACM)	77.5	mount Specify	20		l B	ш
In Facilit		Custo	odial 8 (12)	Staff?	(surfac	cing, VA	T, or			or LF)	l m	Repair	ag	nclo
(13)			(12)			other m	niscellar	neous)				Remova	a-	Encapsulate	Enclosure
		Yes	No	N/A								-		ē	Ø
baseme	nt		Х	1		nine	insula	tion	-	20)4 LF	x	+	-	
		+				Pipo	IIIouiu) T L1	- A	+-	-	\vdash
													+		
Name of Registered Wast	e Hauler		IN	JDEP W	aste	Cubic	Yarde		Name of F	Registo	red Landi	511			
			1000000	auler ID		of Was				31 7 7					
D&S Abatement, Inc.				20996	West(2007)	TBD	(A)		Waste N	/lanag	gement	ot PA			
City, State	10,00					Dispos	al Date		City, State)	-				-
Totowa, NJ						TBD			Tullytow		4				
Completed by		Title				S	ignature	;	7		1	Date		-00 -00m	
Deanna Brkusanin		Projec	t Ma	nager			M	Mua	Mille	ll-	1	0/01/	12		

Ox 1/2005/10

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)			_	Name	of Building Own	er/Operato	L (3)		8 20 street				
10/01/12				Louis	& Caroline \	Wolfgang			AME	. 27)		
Agencies Notified X EPA	Type Notification	on ,		Street	Address aylor Street		2012 0	(2)	AM 5				-
DEP X DOL	Initial Amended Amendme	nt #	_	City, S	tate, Zip Code urn, NJ 0704	1	A.58	STU	S CONT ENSING	RU	L (1)		-1
DOH DCA	justification Cancellation	y (including n) on		Name	of Contact & Caroline V				lephone N				
Name of Equility MA				The second secon	ILITY INFORM								
Name of Facility Where House	Abatement is Tak	ing Place (3)				Type of Facility School (K						
Street Address 22 Taylor Street							Subchapt	er 8 (Oth	er than K- & commer	12) cial bu	uilding	s, hor	nes,
City (5) Millburn							Square Feet N/A	# c	f Floors	0	Bldg. N/A	Age	
County (6) Essex				County (STATE	Code (7) USE ONLY)		Current Use (P House	rior if be	ing demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.	Name D&S	of Abatement Co Abatement, I	ontractor	(9)				
Street Address						Street	Address osengren Ave						
City, State, Zip Code			7.5			City, S	state, Zip Code wa, NJ 07512						
Project Manager for Mon	itoring Firm			Telepho	ne No.	Teleph	none No. 345-8685	• 0:	License N	100000			
Start Date (10) 10/11/12		Schedule 10/13/1		mpletion	Date (11)	Name	of OSHA Monito		#00675	8.			
Occupancy Status During	Abatement (Che				1		Abatement, I	nc.					
Facility Closed/Vaca		and the second second		mont		100	^{Address} osengren Ave	nue					
Abatement Performe Other – Describe:	ed Outside of Nor	mal Facility	Hour	rs		City, S	tate, Zip Code						
Scope of Work (Check All	That Apply)					10101	wa, NJ 07512						
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Location	of		orma I Sole	lly ely by	D	escription	of				T	/ре	_
Asbestos-Containing II TO BE ABA In Facilit (13)	TED	Mair	ntena	nce/ Staff?	(i.e. therm surf	ntaining M al systems facing, VAT miscelland		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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baseme	nt		X		pip	e insulat	ion	60) LF	х			
	Section about									-			
Name of Registered Waste	e Hauler		IN	JDEP W	asta Cubi	c Yards							
%S Abatement, Inc.			H	lauler ID I 20996		aste	N 535 W 10		ed Landfill ement of				
City, State Cotowa, NJ					Dispo TBD	osal Date	City, State						
Completed by Jeanna Brkusanin		Title Project	t Ma	nager		Signature	200 7 /	hen	Date 10	te /01/1	2		
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State of New Jersey

		NC		CATION		ESTOS A 8:60 and		MENT)	CHRI	T/C s	HI PHO	2			
Date of Notification (1) 10/4/12					Building (ia Rodr	Owner/Op	erator	(2)							
Agencies Notified	Type Notification			Street Ad 163 Ne		Avenue					AM 5				
DEP DOL	Initial Amended Amendment				e, Zip Co City, N	ode J 0730	7	-	ASSES &	LICE	CONTR	ROL			
DOH DCA	Emergency justification) Cancellation	,	100	Name of Iris Del	Contact ia Rodr	riguez				Tele	ephone Nur	nber	D		
				FACIL	ITY INFO	ORMATIC	N		1						
Name of Facility Where house Street Address		ng Place (3)		-	\ 				of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			dinas.	home	es.
163 New York Ave City (5)	enue ———————			<u> </u>				Squar	etc.) re Feet	# of	Floors	В	ldg. A		
Jersey City								2500		2		- E	0		
County (6) Hudson				County C	ode (7) SE ONLY)		_	Curre	nt Use (Prid	or if bei	ng demolish	ed)			
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM	No.				tement Cor onmenta						
Street Address					•		Street 4 E C		ss Orive, PO	Box	483				
City, State, Zip Code									ip Code , NJ 074	18	-				
Project Manager for Mo	onitoring Firm			Геlephon	e No.		Teleph 973-				License N 703	0.			***
Start Date (10) 10/24/12		Scheduled 10/30/12		pletion D	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status Duri	ng Abatement (Che	ck Only One)				Street	Addres	SS						
	cated During Entire med Outside of Nor						City, S	tate, Z	ip Code			5.ji			
			12.77												
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat				×	Mir Glo	I Containmeni-Enclosurentence	e cedure				e	
			ocatio					,						ement pe	
Location Asbestos-Containin TO BE A In Fac	ng Material (ACM) BATED cility	Used Main Custo	Solel itenan dial S (12)	y by ice/ taff?		tos Conta	systems ing, VA	laterial s insula T, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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baser	nent		,-	Х		pipe i	insula	tion		-	4 5	x	-		
Name of Registered W	aste Hauler		N	JDEP W	aste	Cubic \	/ards		Name of	Registe	ered Landfill				
Freehold Cartage	20.0 (10010)		H	auler ID		of Was			GROW						

Title

President

Disposal Date TBD

Signature

Date

10/4/12

City, State

Morrisville, PA

City, State Freehold, NJ

Completed by

Andrew Scott Higgins

									TOUR		And Post	11	/_			
Date of Notification (1) 10/4/12			1		Building C Vrs. Gut		perator	(2)	458	200	712	V	5/	כ		
Agencies Notified	Type Notification			Street Ac 2577 J	dress uliar Pla	ce			458	Fer	15 1	IM 5	: /	' 5		EARTH
DEP DOL	Initial Amended Amendment	#			te, Zip Coo NJ 070				æ	Lic	ENSU	NTR	ni	•		
☑ DOH □ DCA	Emergency justification) Cancellation		1	Name of Angie	Contact					Tele	ephone N	Giber	0.			
	Carloonation				LITY INFO	RMATI	ON			•			Y	-		
Name of Facility Where house Street Address	Abatement is Takin	g Place (3)						of Facility (4 School (K-12 Subchapter 8	2)	er than K-	12)	-500111			
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City (5) Union								2500		2	f Floors		50	lg. A	ge	
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Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	1 No.				ement Cont onmental			.c		700000	01	
Street Address								Addres Gate D	s Orive, PO	Box ·	483					
City, State, Zip Code	10							State, Zi	p Code , NJ 0741	18		tor-		- 80000		
Project Manager for Mo	nitoring Firm			Telephor	ne No.			hone No			License 703	No.				
Start Date (10) 10/19/12		Schedule		npletion l	Date (11)		Name	of OSH	A Monitor	- 100				670, 1000		
Occupancy Status Durin	as Abstament (Cha						Street	Addres	······································		-	-				_
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of A	Abaten	nent s					p Code			. / 	200.00			
Scope of Work (Check /	All That Apply)		11283													
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			Locat											Abate	ment pe	
Locatio Asbestos-Containin <u>TO BE AB</u> In Fac (13	g Material (ACM) BATED cility	Use Ma	Norma ed Sole intena todial (12)	ely by ince/ Staff?		tos Con therma surfa		Material ns insula AT, or	(ACM)	(Amount Specify F or LF)	Kellioval	Domousi	Repair	Encapsulate	Enclosure
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basen	nent			X									1			
Name of Registered War Freehold Cartage	aste Hauler		1	NJDEP V Hauler ID 5939		of Wa	Yards iste		GROW:		ered Land Landfill	11111				
City, State Freehold, NJ					1	Dispo	sal Dat	е	City, State Morrisv		PΑ	Jano-1107				
Completed by Andrew Scott Higgi	ns	Title Pres	ident		,		Signatu	()) ~		_		Date 10/4/	12			

Date of Notification (1)	9/12		N	ame o	f Building	Owner/Operator	(2)	V 1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. ,			
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Agency Notified	Type Notification		s	treet A	ddress	PARK A	WE	,				
D EPA	₽ Initial		-	×	to Tim !	-do						
DEP Z DOL	Amended Amendment #			· <	COT	A PLA	INS.	NJ 0707	ò			
020	☐ Emergency (including	ng	N	lame n	f Contac	t		Talanhone Number				
D DCA	justification) Cancellation			Ba	ZYAI	U MENT	SN					
						ORMATION						2000
Name of Facility Where	Abatement is Taking Pla	ce (3)			•		Type of Facility	(4) 👽 💆	-	9	5/a= =	i colle
Dra REA	4C7 .						School (K-12	S P		ñ		
Street Address	,		-	٠.			☐ Subchapter 8	(Other/tharr/K-12)	ં ૅ	0		
111 FO	WETH !	2-					homes, etc.)	vate & commoércial buildin	195,	m	١	
City (5) .	27,10 100-						Square Feet	# of Floers Cr. Blog	. Age	7	-	
EU24	HIBEN						2800	2 70 8	7	54	F	ತಿ
County (6)			1	County	Code (7	(STATE USE		ior if being demolished)	-	1	0	
UNIE	, Λ · · · · · · · · · · · · · · · · · ·			ONLY)		Ţ.	1 e	स्डा०म्बर् पूर्ड	2			
Name of Monitoring Fire	n Hired by Building Own	er As	SCM	No.		Name of Abatem	nent Contractor (9) 2				are edition
(8)						Best R	emoval I	nc 🙇 '	- 32	2000 E	Section 1	
Street Address						Street Address						ASSE
7,							River St					
City, State, Zip Code						City, State, Zip C		T 07601				
							sack, N.	License No.				
Project Manager for Mo	nitoring Firm	Tele	phon	e No.		Telephone No. 201-329-	71.1.1.	00388				
	Scheduled C		- Des	- /44\		Name of OSHA		1 00300	-	_		-
Start Date (10)	- WORLD CONTROL OF THE PARTY OF					Omega En	vironmen	tal Inc				
	ng Abatement (Check on			1 2		Street Address						
	•					280 Huy	ler St					
☐ Facility Closed/Vacai	ed During Entire Period d Outside of Normal Fac	of Abater Sity Hour	nent S			City, State, Zip						
☐ Other - Describe:		*****				South B	Iackensac	k, N.J. 0760	16			
Scope of Work (Check	all that apply)			20 personal reco	MINISOLS			Negative Pressure				
2623sfor≥3lf					ovation	A Mini	-Enclosure					
□ ≥ 160 sf or ≥ 260 lf	21 95		2.0	Dem	nolition	, 2: Glov	rebag Procedure -Exempted (*) and	I Non-Friable Procedure				
		hi	ocatio		ĺ				TA	bat		nt
#10.000AWA	80-40-700		mal						-	Ty	pe T	
Locat	ion of ing Material (ACM)	Used		y by	Asbe	Description stos Containing M		Amount	_		m	_
TO BE	ABATED	Çu	stodia	al	(i.e	., thermal system		(Specify SF or LF)	l em	Repair	Cap	nclo
• • • • • • • • • • • • • • • • • • • •	acility 3)	1	(12)			surfacing, VA other miscellan		3, G.E.,	Removal	N.	Encapsulate	Sur
	•	-				1			-	1	6	-
		Yes	No	N/A	—	0.114 15) (a=(=,)	1-1-	1	-	\vdash	\vdash
BASSUE		-		-	THE	RUAL INS	U WETTON	15 LF	1	1	-	-
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45 11 11		ليبا	FP:		<u></u>	Cobin Varda of	Name of Regis	tored I andfill	1_	_	_	_
Name of Registered W		ID N	-	Vaste H	rauter	Cubic Yards of Waste	_					
Best Remov	al Inc	17	10	9		1/20	Minerva	Enterprise:	5			
City, State	i			-		Disposal Date	City, State	numa Oh				
Hacke	nsack, N.J.	0760)1 .			10/19/12	waynesi	ourg , Oh			22.5E	
Completed by	Title					Signature	la's won	Date Page	1/5	11	12	
J. Maiorano						1		7	1	1	_	
ASP.41	* Do no	t use this	s form	n for as	hestes H	censure exempted	d activities					

RECENTER # 1366

Date of Notification (1) 10/06/12		1	Name of E Trinitas	Building C Region	wner/O	perator ((2) enter	2012 OC	7 12		- 1.3				
Agencies Notified Type Notification		5	Street Add	dress 17 Nort	th, Sui	te 800		4	112	AM	4: 2	8			
EPA Initial Amended Amendment				e, Zip Coo ord, NJ)	,	ASBES & L	ICE	CONT	RO	L.			
DOH justification) DCA Cancellation		1.1	Name of 0 Robert						Tele	phone N	umber)		
Name of Facility Where Abatement is Takin	n Place (3)		FACIL	ITY INFO	RMATI	ON	Type	of Facility (4)			T-A			24
Trinitas Regional Medical Center	, ,							School (K-12							
Street Address 225 Williamson Street							N C	Subchapter (Other (i.e. pretc.)	8 (Othe ivate 8	commer	12) cial bu	iildi	ngs,	home	s,
City (5) Elizabeth				10200			Squar 150,0	e Feet 000	# of 9	Floors			lg. A	ge	Money
County (6) Union			County C	ode (7) SE ONLY)		_		nt Use (Prio ical Centa		ng demoli	shed)			A	
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.		3,430,430,411,444,4		tement Con Contracto							
Street Address		-				Street 27 Ed	Addres								
City, State, Zip Code						-	5% /	p Code J 07461							
Project Manager for Monitoring Firm		T	Telephon	e No.		5 T. C. S.	one No 864-2			License 01137	No.				
Start Date (10) 09/15/12	Schedule 10/15/1		pletion D			Name Amer		IA Monitor							
Occupancy Status During Abatement (Chec						Street		s 30th Stree	ıt.						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: during and after nor	nal Facility	Hours	į.			City, S	tate, Zi	p Code NY 1001		XXXX					
Scope of Work (Check All That Apply)					ilizakoa	IACAA	TOIK,	, 141 1001							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	annear Contract Contr	enova emoliti				×	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure	, ⁶					
1	Is	Locati	on		- ter man		2 140	LXCIIIptoc	/ / /	4 11011 111			Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	ormali d Sole ntenar odial S (12)	ly ly by nce/		tos Con thermal surfa	scription taining M systems cing, VA miscellar	Material s insula T, or		(5	mount Specify or LF)	Kelliovali	Domousi	Repair	e Encapsulate	Enclosure
7th floor North Side	X				loos	e floor	tiles		3	S.F.	x	1		_	
7th floor North Side	x					carpet			12	0 S.F.	x				
7th floor North Side	х				fle	oor tile	s		50	0 S.F.	x				
Name of Registered Waste Hauler Pro-Tech, LLC		H	JDEP Walauler ID I		of Wa	Yards ste 5		Name of Minerva			Ifill				
City, State New Haven, CT	i i i i i i i i i i i i i i i i i i i					sal Date		City, State Waynes		h, OH		10.500			
Completed by Marko Stankovic	Title Presi	dent				Signature		Sau	1110	-	Date 10/0	6/1	2		



Date of Notification (1) 10/8/12					Building 6			(2)	7812	ne r	10 0					
Agencies Notified	Type Notification		+	Street Ac	dress						12 A					
EPA DEP DOL	Initial Amended Amendment		-	City, Stat	ke Supe te, Zip Co ton NJ (de			458 8	LIC	OS CO CENSI	NTR	0			
DOH DCA	Emergency justification) Cancellation	3,73		Name of Ron	Contact					Tele	ephone N	Number		9	***	
Name of Facility Where	Abatement is Takin	n Place (3)		FACIL	LITY INFO	ORMAT	ION	Type	of Facility (4	1)				4		
Ron Kempe / Resi Street Address 108 Lake Superior	dence	g 1 1200 (0)		***					School (K-12 Subchapter Other (i.e. pr	2) 8 (Oth	er than K & comme	(-12) ercial bu	ıildi	ngs,	home	s,
City (5) Tuckerton NJ 080					100			— е	etc.) re Feet +	# o	Floors		Blo 35	dg. A	ge	
County (6) Ocean				County C	Code (7) ISE ONLY				nt Use (Prio dence	r if bei	ng demo	lished)				
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM	l No.			of Abat	ement Con	tractor	(9)					
Street Address		****		1				Addres								
City, State, Zip Code	ž	(4)					City, S	state, Zi	p Code n NJ 080	Q1	200-00					
Project Manager for Mo	onitoring Firm		T	Telephor	ne No.		Telepi	none No 753-9	o.		License					
Start Date (10) 10/22/12		Schedule		npletion (Date (11)			of OSH	A Monitor	*.	00,2,					
Occupancy Status Duri	ing Abatement (Che	8.333.34						Addres	ss				_			-
Facility Closed/Va	cated During Entire med Outside of Norr	Period of A	baten	nent			City, S	State, Zi	p Code							
Scope of Work (Check ≥3 sf or ≥3 if ≥160 sf or ≥260 if			enova emolit					Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	e cedure					9	
		Is	Locat	ion								38		Abate	ment	
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Exterior	Siding			х		Ext	erior Si	ding		16	550 SF	х				
Name of Registered W	aste Hauler		J JDEP W		100000000000000000000000000000000000000	c Yards		Name of	Regist	ered Lan	dfill	_			_	
United Containers			100000	lauler ID 2459	No.	of W			G.R.O.							
City, State Elm NJ						Disp 11/2	osal Date 2/12	9	City, State Morrisv		A 1906	7				
Completed by Anthony T Perna		Title Presi	dent				Signatur	ee.			[Date 10/8/	/12	1		

1-	Contract to the Contract to th	
The	Emergency	*
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Date of Notification (1) 10/8/12					Building Ov nzales /			(2)		28	12 OCT			D		
Agencies Notified	Type Notification			treet Add			,)		45	12 OCT	2 A	4 4.	is		
EPA DEP DOL	Initial Amended Amendment	#			, Zip Code n NJ 086					(E LICE	CON	TRI	7/		
DOH DCA	Emergency (i justification)	ncluding		lame of C	Contact				101. 1911.03.2	Tele	phone Nur	nber ()	a.		
☐ DCA	Cancellation			van	TY INFOR	OITAMO	N					-			\dashv	
Name of Facility Where Ivan Gonzales / Re Street Address	Abatement is Taking esidence	Place (3)		, Aoia				So So	Facility (4 chool (K-12 ubchapter (ther (i.e. pr	?) B (Othe	er than K-1	2) al buildi	ngs, l	omes	s,	
106 Lake Ave							-	Square	etc.) quare Feet # of Floors				Bldg. Age			
Hamilton NJ 08610)							1000+ 2 35 +							_	
County (6) Mercer				County C	ode (7) SE ONLY)		Current Use (Prior if being demolished)									
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.		Name of Abatement Contractor (9) Pernaco Inc									
Street Address							Street Address PO Box 329									
City, State, Zip Code								ity, State, Zip Code Vest Berlin NJ 08091								
Project Manager for Mo	-1	Telephon	e No.			none No 753-98			License N	No.						
Start Date (10)	ed Com	pletion D) Date (11)		1340343		A Monitor									
10/9/12		10/12/1	12				Sam									
Occupancy Status Duri				2000			Street	Addres	S							
Abatament Perfor	cated During Entire med Outside of Norr Home owner Home	nal Facility	Abatem Hours	City, State, Zip Code												
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova			to Second		Min Glo	Containmoi-Enclosure vebag Produ-Exempte	e cedure	-			e		
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Base	140	×		Floor	Tile/	Mastic		2	60 SF	x						
Dase	ment	+-	-	+^-		- 1001						1				
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Name of Registered Waste Hauler United Containers				NJDEP V Hauler ID 22459		Cubic of Wa 2	Yards aste		Name of G.R.O.		tered Land	fill				
City, State				Dispo	sal Dat	te	City, Sta		A 19067			9).				
Elm NJ Completed by		Title	T				Signatu	ire	11101110			Date 10/8/1	2			
Anthony T Perna		Pres	sident					-							5.5	

* Emergency*

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		RECEIVER														
Date of Notification (1) 10/8/12		Name of Building Owner/Operator (2) Repauno Day Care Street Address 171 N Repauno Ave														
Agencies Notified Type No	otification		Street A	ddress				012 OCT	12	AM I.	19					
⊠ EPA ☑ Init	ial		171 N	Repaur	no Ave					711 4·	17					
DEP Am	iai iended		City, Sta	te, Zip Co	ode		, A	SBEST	08 0	0117-						
X DOL Am	endment #		Gibbst	town, N	J 08027			&11	CFILE	UNIR	10L					
DOH jus	nergency (includir tification) ncellation	ig	Name of John	f Contact		100		& LI	Tel	epnome N	Vumb	ði.				
			FACI	LITY INFO	ORMATIO	N			_			-				
Name of Facility Where Abatement Repauno Day Care	t is Taking Place	(3)*					-	of Facility	Soleton Soleton					***		
Street Address 171 N Repauno Ave	6			Si.			×	Subchapter Other (i.e. p	8 (Oth			ouild	lings,	home	es,	
City (5)								etc.) e Feet	# 0	f Floors		BI	dg. A	ne.		
Gibbstown, NJ 08027			~	-			1000	+	2	DUILS COTO PARABATO		3	5 +			
County (6) Gloucester			County (USE ONLY	,	_	Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by	Building Owner (8)	ASCN	l No.			of Abat aco In	ement Cor	ntractor	(9)						
Street Address							Addres	_								
City, State, Zip Code					-		y, State, Zip Code									
			3		West	t Berli	n NJ 080	91								
Project Manager for Monitoring Fir		Telepho	s			one No 753-98			License 00727							
Start Date (10) 10/9/12	uled Co 2/12	mpletion	Date (11)		Name Same		A Monitor				E					
Occupancy Status During Abatem	ent (Check Only	One)				Street	Addres	s								
Facility Closed/Vacated Durin	a Entire Period o	f Abate	ment		-											
Abatement Performed Outsid Other – Describe: after 4 PM	e of Normal Facil	ity Hour	City, St					p Code								
Scope of Work (Check All That Ap	ply)					0 1000										
-	F-77	D	-41		£		П									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ħ	Renov					Full Containment with Negative Pressure Mini-Enclosure									
	Lund	2011101					Glo	vebag Pro	cedure							
						×	Nor	n-Exempte	d (*) an	d Non-Fr	iable					
		Is Loca												ement		
Location of		Norma			Desc	cription	of				-	-	ıy	pe		
Asbestos-Containing Material (sed Sol		Asbes	tos Contai	ining M	Material	(ACM)		mount		_		ш	_	
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Name of Registered Waste Hauler		۲,	NJDEP W	laste	Cubic Y	arde		Name of	Donist-	rod I as-	1611					
		Hauler ID		of Waste					reu Lano	41111						
United Containers	2459		4			G.R.O.	w.S.									
City, State			Disposa	I Date		City, Stat	е									
Elm NJ			10/12/	12		Morrisv	ille PA	19067	7		#3					
Completed by	Title				Sig	nature	· · · · · · ·				Date					
Anthony T Perna	Pre	sident	nt Ce					10/8/12								

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					to NJAC 8						RE	ECG		-	
Date of Notification (1) 10/8/12	×				Building Cade / Re			RECEIVED							
Agencies Notified	Type Notification			Street Ad		Joiuci				-2	012 OC	1 13	AM	•	
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	Amendment Emergency (n Beach	n NJ	8008						SIN	G KI	JL.
DOH DCA	justification) Cancellation			Name of Bill	Contact					rele	ephone N	lumber		u	(I)
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City (5) Brighton Beach NJ	08008					00)			e Feet	# of 2	Floors		31dg. <i>A</i> 35+	ge	
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Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM No. Name of Abatement (Pernaco Inc						ntractor	(9)				
Street Address				Street Address PO Box 329							Se Se				
City, State, Zip Code			City, State, Zip C West Berlin N												
Project Manager for Mor	nitoring Firm	-	Telephor	ne No.		Telep	hone No).		License	No.			-	
			,			753-9			00727						
Start Date (10) 10/22/12		Schedule 11/2/12		pletion [Date (11)		Name Sam		IA Monitor						
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)				Street	Addres	s						
Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire I ned Outside of Norm	Period of A nal Facility	Hours	ent			City, S	State, Zi	p Code						
Scope of Work (Check A	All That Apply)					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1									
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Name of Registered Wa United Containers	H	IJDEP W lauler ID		of W	ic Yards /aste		Name of G.R.O.		ered Land	IIII					
City, State		22459 2													
Elm NJ						sville PA 19067									
Completed by	Signature					Date									
Completed by Title Anthony T Perna President							10/8/12								



State of New Jersey

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Date of Notification (1) 10/8/12				e of Building y Amon/ I			(2)			2012 OC1		- / V	50		
Agencies Notified EPA	Type Notification		0.000	t Address Iennie Dri	ive					Saran	12	AM	4:12		
EPA DEP DOL	Amended Amendment			State, Zip C nahawkin		50				SHEST & LIC ephone Num	CEN	CONT	ROL		
DOH DCA	justification) Cancellation	,	Name Billy	e of Contac	t				Tel	ephone Num	ber	-mg	Q.		
			FA	CILITY IN	FORMAT	ION									
Name of Facility Where Billy Amon/ Reside		ng Place (3)						of Facility (4 School (K-12	2)						
Street Address 68 Jennie Drive							X C			er than K-12 & commercia		dings, h	omes,		
City (5) Manahawkin NJ 08	8050						Square Feet # of Floors Bldg. Age 1000 + 1 35+								
County (6) Ocean				ty Code (7) TE USE ONL			2000 to 100 to 100 to	nt Use (Prio dence	r if bei	ng demolish	ed)	:-X(\$4			
Name of Monitoring Firm	n Hired by Building	Owner (8)	AS	CM No.			ame of Abatement Contractor (9) ernaco Inc								
Street Address							et Address Box 329								
City, State, Zip Code						200000		p Code n NJ 0809	91			***************************************	-		
Project Manager for Mo	nitoring Firm		Telep	Telephone No. Tel						License No).				
Start Date (10) 10/22/12		Scheduled 11/2/12	Completi	on Date (11	of OSH	A Monitor		L							
Occupancy Status Durin		T) (5)				Street	Addres	SS							
Facility Closed/Vac Abatement Perforn Other – Describe:						City, S	state, Zi	p Code							
Scope of Work (Check A	All That Apply)				2 - 1 - 2 - 3				71						
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	22735211								-						
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Name of Registered Wa United Containers	sie Haulel	A 100 B 100	Waste ID No.	- CONTRACTOR	Cubic Yards Name of Registered Landfill of Waste G.R.O.W.S.										

Completed by Title Signature Date Anthony T Perna 10/8/12 President

STOS ABATEMENT CL PASSO 60 and 12:120)

									-	-					
Date of Notification (1)			Name ERA	of Building Owner	Operator	(CALTY/	ASBESTO	MAE	Leve	U					
Agency Notified Type Notificat	ion			Address CA	1		ASBESTO	- AM	4:	11					
☐ EPA ☐ Initial ☐ Amended ☐ Amendme	nt #	-		tate, Zip Code			& 110c	1100	TRO						
D-DOH justification	n)	F	Name	of Contact SRWAN A			Telephone Nur			C.					
U Canossatto	on .			LITY INFORMATIO				<u></u>		-					
Name of Facility Where Abatement is Ta	aking Place (3)		FAGI		<u> </u>	Type of Facility	(4)			_	-				
Street Address AA2 AA2 AA2	nkriv	٥ ٤		t	· ·		8 (Other than K-12 rivate & commerci		s,						
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EUZABETH	l _					2800	1		Y	CMY	也				
County (6)			County ONLY)	Code (7) (STATE	USE		Prior if being demo		ř	700					
Name of Monitoring Firm Hired by Buildi	ng Owner	ASCM	No.	Name o	Name of Abatement Contractor (9)										
(8)			2		Best Removal Inc										
Street Address			88		Street Address 450 S.River St										
City, State, Zip Code				City, Sta	CENTY DURANTE			-		_					
		534		Ha	cken	sack, N.	J. 07601								
Project Manager for Monitoring Firm	Te	lephor	ne No.	Telepho			License No.			25.5					
Shed Date (60)	dided Complete	D-	A- (44)	201		7444 -	00388								
Start Date (10) Sche	duled Completi	on Dan	*****			wonmor vironmen	ntal Inc								
Occupancy Status During Abatement (C	heck only one)			Street A	ddress						\neg				
D Facility Closed/Vacated During Entire	Period of Abate	ement				ler St									
☐ Abatement Performed Outside of Non ☐ Other – Describe: ☐ AM ¬, ○	mal Facility Hou 5 (M	urs		City, Sta			ck, N.J.	07606)						
Scope of Work (Check all that apply)								et e		-	\dashv				
-@1 ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf			Ren Den		A Mini- A Glov	Enclosure ebag Procedure	Negative Pressur d Non-Friable Pro	12							
	ls	Locati	on.		G HOIL	Excliptod () an	d Hon-i habie i io	1		teme	ent				
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	() Use () Mai	lormali d Solei intenar sustodi Staff? (12)	ly by nce/ al	Asbestos Conta (i.e., thermal surfac		aterial (ACM) insulation, , or	Amount (Specify SF or LF)		T		Enclosure				
	Yes	No	N/A			•		ľ	-	8	6				
· Blas went	1.0		i.ex	THERINAL	(N) SU	WELDY	45 LE	=	0	t	Н				
									+	+	Н				
Name of Registered Waste Hauler	· N.II	DEP W	Vaste H	auter Cubic Y	ards of	Name of Regis	stered Landfill				Ч				
Best Removal Inc	ID	No. 710	on Deservation	Waste	cy		a Enterpr	ises							
City. State Hackensack, N		-		Disposa	Date 9/12	City, State Waynesh	ourg , Oh				\dashv				
Completed by Title		1.00		Signatur	e. /	سمعط	2	Date ! O /	101	12	– , ,				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

REJOE (VED 2012 OCT 12 AM 4: 62

Date of Notification (1)	la de la composição de la La composição de la compo	Maria Janes Concessioner	y cot and a	Name of Building Owner/Operator (2) ASBESTOS CONTROL BSROCOLA LICENSING											
Agencies Notified	Type Notification	it1		Stree	Address	New L	WRAAM!		IAO.	6	70	mani ^r .			
E DOL		#		City,	State, Zip		A A CONTRACTOR OF THE PARTY OF	OLE SAME WAS	onia-man o	ugi jenziveni	Tanaraya	District			
E DOH	Emergency justification	(includin)	g	Name	of Conta	Control of the last section of the section of the control of	050/	Telephone Numb	er						
☐ DCA	Cancellation			10	1ch	Bel		L	781	12.5					
And the first of the second se	· · · · · · · · · · · · · · · · · · ·			FA	CILITY IN	FORMATION		***************************************	a, angert to do t						
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colors "	180 NOR1	h A	IEN	w			homes, etc	.)				and the same			
City (5)	N WOOD					rkundishir Sekerand September 1944-1944 (1944-1944)	Square Feet 2000	# of Floors		dg. A	ge 				
County (6)					nty Code ONLY)	(7) (STATE	Current Use (Prior if being demolished) Response								
Name of Monitoring Fire		Owner	- -	ASCM	No.	Name of Abatem	Name of Abatement Contractor (9)								
(8)		,				ACE TNSULATION CO ZNC									
Street Address	And to represent the figure of the contract of														
City, State, Zip Code				TO A STATE OF THE PARTY OF THE		City, State, Zip C				-					
Project Manager for Mo	onitoring Firm		Tel	ephone	No.	Telephone No. 73' L 294		License No.	29						
Start Date (10)	I Sch	eduled (Comple	etion Da	te (11)	Name of OSHA	The second second second second second								
10-19-12		O a					FNOULTI	0. CO, 1	Ni			-			
Occupancy Status Dur						Street Address									
☐ Facility Closed/Vaca							NTROSE	<u> </u>							
Abatement Performed Other - Describe:			ty Hou	us	9.8	City, State, Zip C	ode NSCIC	NIZ 87	72	2					
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Location	of	323	ormall i Solei			Description of		Opposition and supplements and		' yr					
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Name of Registered Wa	aste Hauler		TN	UDEP V	Vaste	Cubic Yards	Name of Reg	istered Landfill	<u></u>			_			
A	18 Matro	D	1 1	lauler ID	No	of Waste	GROW	> LINA!	5,11						
City State Weck	The Court of the C	anne ar on a philippine	us to bush	Live China	-,	Disposal Date	City, State	TONA P	A						
Completed By	المراك الم	PP3		M 6	R	Signature	Lhay	Date 10	-/8	7- <i>j</i>	2				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)	7-18-18			Na	me of Build	ling Owner/Operato い	(2)	OCT IZ MIT	4.0	_				
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				F	ACILITY II	NFORMATION				2000		Station		
Name of Facility Where	Abatement is Ta	king Pla	ice (3)				Type of Facili	ty (4)						
3 cha WE							School (K-	5						
Street Address						****		r 8 (Other than K-	12)					
								private & commer		iilding	s,			
462 Long	AVE						homes, etc	c.)						
City (5)	1				7.11.10.10.10.10.10.10.10.10.10.10.10.10.		Square Feet	# of Floors		Bldg.				
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City, State, Zip Code		Harter and the same of the sam	*****	-		City, State, Zip C								
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Project Manager for Mon	itoring Pirm		1 lei	ephone	e ivo.	Telephone No.		License No.	10					
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10-19	-12 /	0-7	フー	2										
Occupancy Status During						Street Address								
☐ Facility Closed/Vacate	7,51		7 2	mont										
Abatement Performed						Giv. 61-1- 7:- 6	- 4-							
Other - Describe:	7 AM		PM	13	٥	City, State, Zip Ci	ode			2	ŧ			
			20											
Scope of Work (Check all	that apply)					[] [# O		v 5						
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TO BE ABATE IN Facility	ñ		Staff?	u.	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Re	R	2	20		
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Name of Registered Waste	Hauler	لـــــــا	1 6	IDEP V	Masta T	Cubic Yards	Name of Basi	stered Landfill						
An el ist		,		wier ID		of Waste	Name of Regi	stered Landilli						
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City, State					· · ·	Disposal Date	City, State					-		
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Groke 6 WV	-51	PE	esig	N.K.		Morg	19/11/11		-10		~			
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	* D	o not us	e this	form fo	or asbesto	s licensure exemp	ted activities.							

Date of Notification (1) 10/09/1	.7			Name of Building Owner/opera 2012 OCT 12 AM 3: 55													
Agencies Notified	Z Type Notifica	ation		- 1 S	treet.A	ddress							7				
17.0	[5] Initial					ert Stree	t AS	SESTUS CO	WIROL				_				
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DCA	Cancellat	tion		M		inhorn							\exists				
					FACI	LITY INFO	RMATION	Toront English	(4)				\dashv				
Name of Facility Where Residence	Abatement is	Taking Plac	e (3)					Type of Facility									
Street Address								Other (i.e., p	rivate & commercia	buildin	gs,						
72 Albert Street								homes, etc.) Square Feet	# of Floors	1	. Age	3	ヿ				
City (5) Woodbridge, NJ 076	095							2000	2	20+			4				
County (6)			*****	T	Count USE	y Code (7)	(STATE	Current Use (Pr Commercial P	or If being demolis roperty	nea)							
Middlesex Name of Monitoring Fire	n Hirad by Bui	Idina Owne	r	TA	SCM No	- T	Name of Abatement Contractor (9)										
(8) n/a	ii i iii ca o j ca	ioning office		n	/a		Blavor, Inc.										
Street Address		***************************************		:			Street Address										
n/a	1						1 Mountain Ave										
City, State, Zip Code	A CONTRACTOR OF THE PERSON OF						City, State, Zip Code Montville, NJ 07045										
n/a				Calan	hona N		Telephone No.										
Project Manager for Mo	- 6	n/a	none	15.	973-265-4165												
n/a	T	Scheduled	-1-		on Dat	e (11)	Name of OSHA	Monitor									
Start Date (10) 10/20/12		10/20/1		1		, ,	Blavor, Inc.						_				
Occupancy Status Dur	ing Abatemen	t (Check or	nly or	ie)			Street Address										
☐ Facility Closed/Vaca	ated During Er	ntire Period	of At	aten	nent		1 Mountain A					:	ᅱ				
☐ Abatement Perform	ed Outside of	Normal Fac	cility F	dours	5		City, State, Zip (Montville, NJ										
Other - Describe:																	
Scope of Work (Check	all that apply))					Full Co	ntainment with Ne	egative Pressure								
≥3 sf or ≥3 lf		×	Reno	vatio	n 1		Clayeb	nclosure pag Procedure									
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Name of Registered V	Vaste Hauler					Waste D No.	Cubic Yards of Waste	G.R.O. W.S									
Blavor, Inc.				_ [19489				J. Landin				=				
City, State							Disposal Date TBD	City, Stare	e, PA 19057								
Montville, NJ 070	145						Signature	7	Date				-:				
Completed By Ray Nedich		Title Presi	lent				Join Rich		10/	09/12							
							VI -	/									